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ABSTRACT

The National Adolescent Student Health Survey (NASHS), initiated in 1985, is conducted to examine the health-related knowledge, practices, and attitudes of the nation's youth in the following health areas: AIDS; Nutrition; Consumer Health; Sexually Transmitted Disease; Drug and Alcohol Use; Suicide; Injury Prevention; and Violence. Findings identify areas in which students are well informed, as well as areas in which students have insufficient or inaccurate knowledge. Following a statement of purpose, the document is organized into five parts: (1) an overview presents the project's background, a history of NASHS questionnaire development, and the original study design; (2) implementing a survey, discusses school and student selection for participation, parental consent, and sample selection; (3) preadministration arrangements; (4) the day of survey administration; and (5) detailed instructions for survey administration. The bulk of the document consists of five appendices: (1) responding to students' questions about specific questionnaire items; (2) annotated questionnaires forms 1-3; (3) sample parental consent letter and form; (4) school information form with directions; and (5) NASHS survey booklets/questions. (LL)

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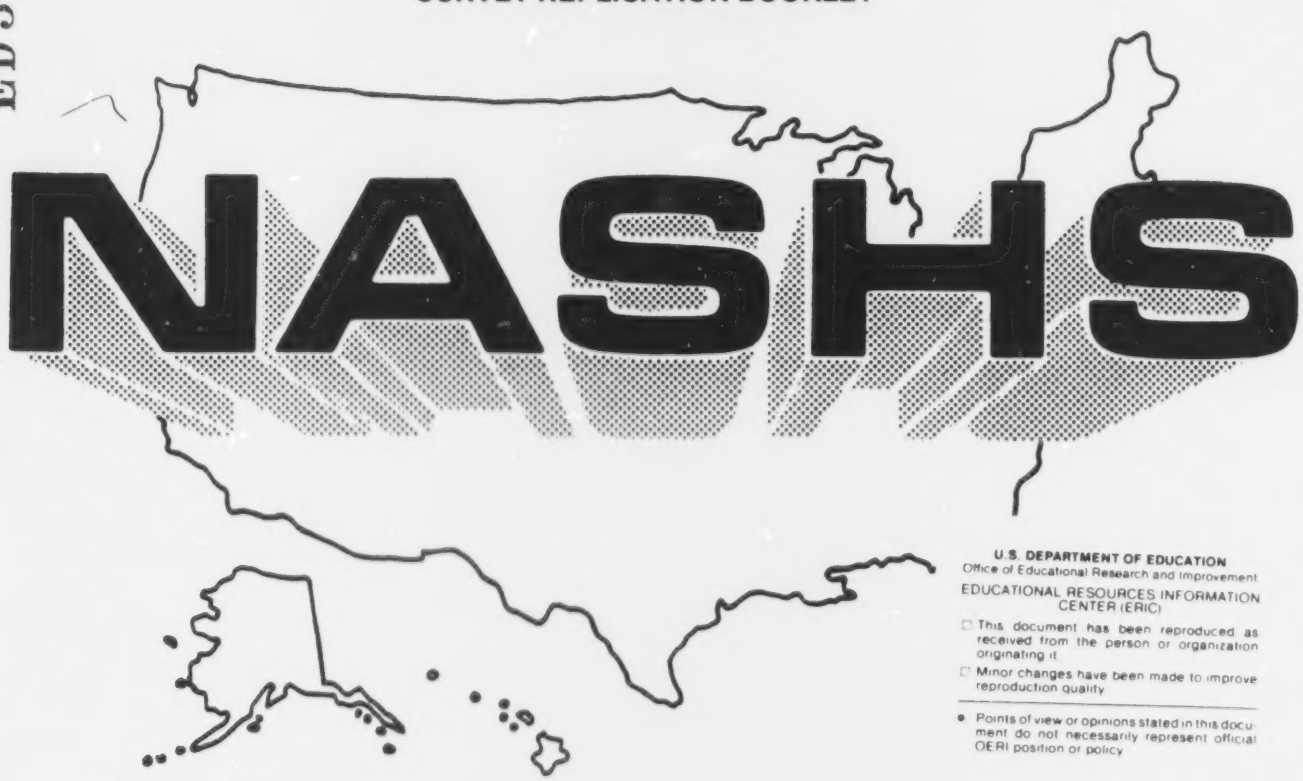
THE NATIONAL ADOLESCENT STUDENT HEALTH SURVEY

SURVEY REPLICATION BOOKLET



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International Standard Book Number 0-88314-481-6

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Purpose

The National Adolescent Student Health Survey was conducted to examine the health-related knowledge, practices, and attitudes of the nation's youth in the following health areas:

AIDS
Nutrition
Consumer Health
Sexually Transmitted Disease
Drug and Alcohol Use
Suicide
Injury Prevention
Violence

Findings identified areas in which students are well informed, as well as areas in which students have insufficient or inaccurate knowledge. Such information can and should be used to assist in designing new health education curriculum materials and in improving local, state, and national health education programs. In addition, the original survey findings will be used to assess progress toward the 1990 Objectives for the Nation and to plan new national health objectives for the year 2000.

I. Study Overview and Background

A. Project Background

The survey was initiated in 1985 by three national health organizations: American School Health Association (ASHA), Association for the Advancement of Health Education (AAHE), and the Society for Public Health Education (SOPHE).

These organizations worked together under a cooperative agreement established with the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD). Federal agencies that participated in the planning and development of the survey indluded: Office of Disease Prevention and Health Promotion, Centers for Disease Control, National Institute on Drug Abuse, and United States Department of Education. Primary funding was provided by the Office of Disease Prevention and Health Promotion and Centers for Disease Control. The National Institute for Drug Abuse also provided survey funding.

IOX Assessment Associates, an educational test development and research firm, was responsible for development and administration of the original survey.

B. History of NASHS Questionnaire Development

The NASHS steering committee, composed of representatives from co-sponsoring health organizations and government agencies, identified eight high priority health areas to be measured by the NASHS survey, which are listed above under "Purpose." Topics were selected due to their

critical importance to the health of the nation's youth.

Once the health areas were identified, panels of nationally prominent experts were assembled to recommend the specific knowledge, attitudes, and practices to be assessed in each health area.

IOX Assessment Associates created items to assess the content delineated by the expert panels. Informal pilot tests were conducted and the items revised based on discussions with students, teachers, and school health education specialists. The expert panel members then reviewed the items developed for their respective areas and provided recommendations for item revisions.

More than 1,000 students in 14 public schools representing diverse socio-economic and ethnic groups participated in a field-test of the survey items. The steering committee reviewed each item with its associated field-test data and selected a subset of items to appear on the national survey. These items were placed on one of three survey forms. In addition, demographic questions and questions concerning several critical health issues, such as tobacco use and physical exercise, were included on every form.

C. Original Study Design

A nationally representative sample of 224 public and private schools in 20 states were randomly selected to participate in the study. The sampling procedure was designed and conducted by Macro Systems, Inc. to ensure a geographic mix of urban and rural areas across the nation. Approximately 11,400 eighth- and tenth-grade students were administered the survey measures.

The eighth-grade was selected to represent students at the junior high school level. Because of the higher drop out rate in the eleventh- and twelfth-grades, the tenth-grade was selected at the high school level.

Data from the original survey were aggregated and analyzed at the national level, *not* on the district and school levels. The result was a preliminary release of findings in the form of a press kit and then a final report published in the fall of 1989.

II. Implementing a Survey

It is important to note that the information provided in this booklet describes the original implementation procedures of the National Adolescent Student Health Survey. Researchers may wish to vary these procedures rather than replicate them as they are outlined.

The National Adolescent Student Health Survey collected data at grades 8 and 10 and replications for comparative purposes and would no doubt use the same grade levels. However, the instruments may be used for any grade levels between 7 and 12.

A. School Selection

For a large scale or statewide study, schools should be randomly selected by county or district as was done for the NASHS study. Regardless of the basis of the sample, special attention should be given to sample selection so that a true cross-section and a valid sample is surveyed. Resources are available to assist in gathering a valid sample, usually at a reasonable cost according to the size of the base group. Once the schools are chosen, contact should be made with district superintendents and/or principals in the form of an introductory letter including information about the project. Follow-up phone calls should be made to answer questions and discuss whether the school will participate in the study. A replacement school list should be developed so that schools that decline to participate can be systematically replaced.

Once a school has agreed to participate, arrangements should be made concerning (1) the date for data collection, (2) determination of whether or not parental consent forms will be used, (3) identification of class schedule information for those classes randomly selected to be included in the study and, (4) preparation of individuals who will administer the survey. Just prior to administration of the survey, a final contact should be made with cooperating superintendents, principals, and teachers.

B. Selection of Students for Participation

Each school in the NASHS sample was asked to should provide up to three classes of students to complete the survey. Classes can be selected using the following procedures:

1. Identification of a subject area that all eighth- or tenth-grade students are required to take during the fall semester.

2. Identification and random selection of up to three class periods during which that subject area is taught.

3. Identification and random selection of a teacher teaching that subject area during each of the selected class periods.

All students in those class periods who agree to participate will be administered the survey.

Once classes/students have been selected, teachers and/or administrators should provide students with the following information:

- The survey is being conducted in the area of health education. Several classes in the school are being asked to take part in the survey.

- The survey will be administered on (date).

- Questionnaires used in the survey are not tests. Many of the questions have no right or wrong answers. The questions are designed to find out what young adults know, what they do, and how they feel about important health issues.

- The survey will take one class period. A student's participation is voluntary and no one will be asked to put his or her name on the survey. No one at the school will see a completed survey.

- If parents do not wish to have their children involved, they should complete the consent form and return it to the school before (date).

C. Parental Consent

It is recommended that some form of parental consent procedure be employed. A sample letter and consent form are included as Appendix B. Students in selected classes should be asked to take the consent form home to their parents approximately 2-3 weeks prior to administration of the survey. The consent letter informs parents about the survey and provides the opportunity to exclude their child from the study. Parents who prefer that their child *not* participate in the study should sign and return the form to the school.

Schools may choose not to use the parental consent forms. However, some notification of parents or community members may be advantageous.

D. Sample

When a sample is selected from within a single school district, it is important that a valid sample be obtained by surveying a representative cross-section of the student body of each grade level selected.

Note: MACRO Systems, Inc. is willing to provide services in sampling, statistical analysis, or data collection on a cost reimbursement basis. Contact Mike Errecart, MACRO Systems, Inc., 126 College Street, Burlington, Vermont 05401, 802 - 863-9600.

III. Preadministration Arrangements

Once schools have been selected, superintendents or principals contacted, and specific classes have been chosen and teachers contacted, be sure to have the following materials ready for distribution:

A. Identification Code: This may be a 3 to 5 digit code number which identifies all the following items relevant to the sample: county, school district, grade level, class. This identification code is an important step for the processing and management of the data set.

B. Parental Consent Forms: Set date(s) for distribution to students and date(s) required for return. Be sure to arrange a location for the forms to be kept on file during and after administration of the survey. It is suggested that forms be worded so that only those parents wishing to *exclude* their child from the survey will sign and return the forms.

A sample form is in Appendix C.

C. Questionnaires: The National Adolescent Student Health Survey instruments were developed in three different forms. (See Appendix A). Each form was given to students within each classroom. It is possible that some researchers may not wish to use the same forms and the same testing proceedure. However, there may be constraints to comparison of data with the national data unless all three forms are given to students in each class at each grade level.

Enough forms for all classes should be provided (considering the maximum number of students in each class). Don't forget to provide extra pencils.

D. Time(s) and Date(s) of the survey: Be sure to confirm these approximately two days prior to administering the survey. When they are confirmed, be sure to inform school contacts that the following information needs to be provided: (1) total number of boys at the tested grade level (eighth or tenth), (2) total number of girls at the tested grade level, and (3) total number of classes offered in the selected subject area (e.g. English, P.E.) at the tested grade level. This information should be used to complete the *School Information Form* to be returned with the completed questionnaires to a central location compiling the data, if there is such a location. A copy of this form is located in the Appendix.

E. Keyed Questionnaires: A set of keyed questionnaires should be placed in the central office so that teachers, parents, and students can review them. It is suggested that students (not parents and teachers) not review these until after they have completed the questionnaires themselves.

F. School Information Form: Sample of form and instructions for completion are located in Appendix.

G. Manila Envelope and Return Mailing Label: Place completed questionnaires in manila envelope, seal envelope, and send to address on mailing label. It should be decided where the forms should go upon completion at the class level: whether all should be forwarded to a central school location, a district location, or to the state department of education before being shipped to their destination for scoring.

IV. The Day of Survey Administration

A meeting of all those administrators and teachers participating in the survey should meet at least 30 minutes prior to the first time period set for survey administration. The following items should be highlighted at that time:

1. Be sure that survey materials are available - questionnaires and pencils.

2. Collect any additional parental consent forms that have been returned.

3. Be sure the teachers and classrooms are ready. Does anyone have any last minute questions about what they are to do or about the survey?

4. Complete the School Information Form (copy is in the Appendix): (1) total number of classes taught in the subject area/grade level surveyed at the school, and (2) size of the surveyed grade population broken down by number of girls and number of boys. You should also note the the actual number of students in each survey classroom. Use this class number information to verify that you have a sufficient number of questionnaires ready. If you cannot obtain this number at this time, make sure to check, prior to the last class, that there are sufficient questionnaires remaining for that class.

5. Arrangements should be made for those students who do not have parental consent to complete the questionnaire. Arrangements should also be made for those students who complete the survey before the period is over.

6. Review with teachers the following items (detailed information for teachers is located under "Detailed Directions for Administering Survey"):

a. Teachers are requested to remain in the room during the administration in order to ensure discipline.

b. Teachers should remind/inform the students on how to complete the survey.

c. Ask students if they have any questions about the study or the questionnaires. For additional information on this topic, see section "V. Detailed Directions for Administering Survey," or "Responding to Students Questions..." in the Appendix.

d. Remind students that their responses are confidential and that they are ensured of their privacy. This includes the fact that teachers will not walk around the room during administration of the survey. This is not a test.

NOTE: The NASHS Survey was administered and collected by individuals who were *not* employees of the school. This model should be used if at all possible. If teachers or other school employees are used to supervise the collection of data, confidentiality measures must be put into place. One suggestion is to have a student collect and seal the student response forms into an envelope under supervision of a teacher. The sealed envelope would then be taken to the appropriate administrative office.

e. Inform students that the survey should take most of them 30-40 minutes to complete. There should be something to do for those students who finish early.

V. Detailed Instructions for Administering Survey

IMPORTANT: Give instructions and distribute the questionnaires as quickly as possible. Some students will need the entire period to complete the survey.

A. Prior to the beginning of the class period, write the multiple-digit school/class code on the blackboard.

B. Briefly go over the following instructions with the students.

1. Each should have a questionnaire, an answer sheet, and a pencil. All other materials are to be put away. Students are to read the message on the cover of the questionnaire, then wait for further instructions. Give them a minute or two to read this information. Be sure to collect any extra questionnaires and put them away.

2. Ask students if they have any questions pertaining to the general nature of the study. Questions can be answered by using the information presented in this manual or by information generated about the survey by the state, district, or school. Because the time allotted to completing the questionnaire may be short, *do not encourage questions and answers in front of the whole class.* Be brief when you answer student questions and politely indicate that you want to get started so that everyone will have time to finish. You can mention that if there is time remaining at the end of the period you will answer other questions about the study. Some of this might be covered earlier, once the class has been selected, to inform the students of the nature of the survey in which they will be participating. This might also help the students answer any questions their parents might have concerning the parental consent form (see "II. Implementing a Survey, Selection of Students for Participation").

Never give students the answers to items on the questionnaires, even at the end of the period. If asked about the answers, refer students to the school office where there will be a set of keyed questionnaires. Students with questions during administration of the survey should raise their hands so that you can answer them individually.

3. Ask students to open the questionnaire to page two and read the marking directions at the top of the page. Because answers will be read by a computer, it is very important that each answer be filled in completely on the answer sheet and that changes be carefully erased. No alternate answers or other marks are to be written on the answer sheet. Do not write on the questionnaire booklet. To ensure privacy, students should not write their names on the questionnaires or answer sheets.

4. On the answer sheet fill in the number of the school/class code in the grid below the marking directions. Below each number, fill in the circle that corresponds to that number.

5. Explain to students about the form(s) they will be using. Some of the questions are the same on all forms and others are different. Thus, all students will not be answering the same questions and not all will finish at the same time, if you are using all three survey forms. Give them instructions about what is to be done once they complete the questionnaire. There should be no talking until everyone is finished.

6. While the survey is being completed, teachers should stay in front of the classroom, except when answering questions. Do not look at anyone's questionnaire; do not walk among the students during administration of the survey. This is to ensure the students as much privacy as possible. Do not flip through a blank questionnaire; students might think you are looking at a questionnaire completed earlier. Blank copies of the questionnaire should be available for review by teachers in the central office.

7. Refusals: Students may refuse to fill out specific items on the questionnaire or they may choose not to take the questionnaire at all. If a student says that he or she does not want to fill out the questionnaire, accept this and collect the materials. Students should not be asked for a reason for their refusal. If a student asks, "Do I have to do this?," explain that participation is voluntary. If he or she decides not to do it, accept this decision and ask him or her to work quietly at his or her desk. If this occurs, be sure to note it on the School Information Form. If a parent has returned a consent form requesting that a student not participate, make sure that you do not give that student a questionnaire. If the student wants to participate, explain that parental consent is required and therefore he or she will have to work on another task. *Under no circumstances should you administer a questionnaire when a student's parents have requested that the student not be included in the study.*

Except for those students whose parents refused their participation, everyone in the classroom may take a questionnaire whether or not they are eighth- or tenth-graders. Students who speak English as a second language should take the questionnaire if they can read English. *Students may not take more than one form of the questionnaire* even if they finish their first form with plenty of time to spare.

8. Ignore students who do not seem to be filling out the survey or who seem to be quickly marking the survey without reading it. Do not pick up surveys as the students complete them. Ask students to keep the survey on their desks until everyone has finished or until approximately three minutes before the end of class.

9. At that time, collect all questionnaires, answer sheets, and pencils, even from those students who have not finished. In front of the students, place the answer sheets and School Information Form into an envelope and close it. No one at the school should see the responses.

10. Thank the students for their cooperation and assistance in conducting the survey.

Appendices

Appendix A

Responding to Students' Questions About Specific Questionnaire Items

The following topics are covered in each form of the questionnaire:

Form I:
Injury Prevention
Suicide
Consumer Health

Form II:
Violence
Drug and Alcohol Use

Form III:
AIDS
Sexually Transmitted Disease
Nutrition

The three survey forms which follow in Appendix B have been annotated to assist in responding to questions from students, or for your own information. In addition, use the general rules below to guide your responses:

1. It is usually permissable to read a word or an item to a student. Sometimes when students hear the pronunciation of a difficult word they will know its meaning. Items not to be read will be marked on the questionnaire.

2. *Do not* provide any additional assistance for knowledge items unless explicitly permitted in the questionnaire notes. Simply tell the student that you cannot help on that one and to mark "don't know" if he or she cannot figure it out. A "knowledge item" is one which has a correct answer given in the forms.

3. For other types of items (those that do not have correct answers marked), try restating the item or clarifying the item in ways described in the notes.

4. Never clarify an item in a way that may imply a preferred or correct answer. Do not suggest that a student mark a particular answer based on what the student says about his or her behavior. Provide appropriate clarifications, but let students make the final decision about what to mark.

5.If you are unsure about whether to provide a particular explanation - don't.

Appendix B

Annotated Questionnaires

Dear student:

Your class has been selected to participate in a national survey about health. Your participation is voluntary. Thousands of students across the country are taking part in this survey. The survey results will be used to improve programs that focus on the health concerns of teenagers.

To protect your privacy, please do NOT write your name on the survey booklet. Your answers cannot be linked with your name. No one will know how you answered the questions. If this survey is to be helpful, it is important that you answer each question honestly.

This is NOT a test. Most of the questions have no right or wrong answers. Read each question carefully before marking your answer. Mark one answer for each question unless the instructions tell you otherwise. If there is a question that you do not feel comfortable answering, leave it blank.

Please work alone and do not talk to other students while filling out the survey. If you have any questions during the survey, please raise your hand.

Thank you for your help.

1987 – 1988

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AMERICAN SCHOOL HEALTH ASSOCIATION
ASSOCIATION FOR THE ADVANCEMENT OF HEALTH EDUCATION
SOCIETY FOR PUBLIC HEALTH EDUCATION

FORM 1

NCS Mark Reflex EP-28677-001 321

18

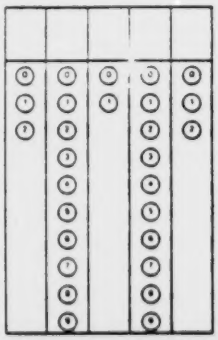
MARKING DIRECTIONS

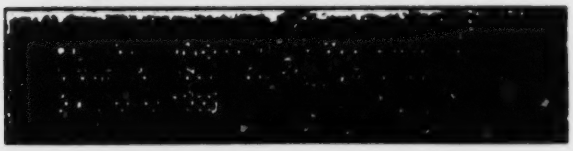
When marking your answers, please do the following:

1. Use only the black lead pencil you have been given
2. Make heavy black marks that fill the circle.

Correct mark: ○ ● ○ ○
Incorrect marks: ⊗ ⊙ ✓ ↄ

3. Erase completely any answer you want to change.
4. Make no other marks on the survey booklet.





1. How old are you?
   - ○ 11 years old or younger
   - ○ 12 years old
   - ○ 13 years old
   - ○ 14 years old
   - ○ 15 years old
   - ○ 16 years old
   - ○ 17 years old or older

What is your sex?
- ○ Female
- ○ Male

How do you describe yourself?
- ○ White
- ○ Black
- ○ Hispanic (Mexican American, Puerto Rican, Central and South American)
- ○ Asian or Pacific Islander → (Chinese, Japanese, Southeast Asian, Filipino)
- ○ American Indian or Alaskan Native
- ○ Other → East Indian

If interracial tell student to mark how he/she thinks of himself/herself. If cannot say – mark other.

4. Since the beginning of the 7th grade, how many health education courses that met at least 20 times have you had in school (including this semester)?
   - ○ 1 course
   - ○ 2 courses
   - ○ 3 or more courses
   - ○ I have not had a health education course that met at least 20 times.

If class will meet 20 times this semester, count the class

5. Did you wear a seat belt the LAST TIME you rode in a car, truck, or van?
   - ○ Yes
   - ○ No
   - ○ Don't remember

The most recent time (e.g. on your way to school)

6. About how many times a WEEK do you exercise or play sports hard enough to make you breathe hard and make your heart beat fast for 20 continuous minutes?
   - ○ 0 times
   - ○ 1 time a week
   - ○ 2 times a week
   - ○ 3 times a week
   - ○ 4 times a week
   - ○ 5 or more times a week

7. About how many times a WEEK do you eat fried foods (such as french fries, fried chicken, onion rings, doughnuts)?
   - ○ 0 times
   - ○ 1-3 times
   - ○ 4-6 times
   - ○ Once a day
   - ○ More than once a day

8. During the past MONTH, how many cigarettes did you smoke?
   - ○ Not even one puff
   - ○ 1-4 cigarettes
   - ○ 5-19 cigarettes
   - ○ 1-5 packs
   - ○ More than 5 packs

9. During the past MONTH, how many times did you use chewing tobacco or snuff?
   - ○ 0 times
   - ○ 1-5 times
   - ○ 6-9 times
   - ○ 10-19 times
   - ○ 20 or more times

Snuff = powdered tobacco (a dip or pinch)

10. During the past MONTH, how many times did you use illegal drugs (such as marijuana, cocaine, or pills)?
    - ○ 0 times
    - ○ 1-2 times
    - ○ 3-5 times
    - ○ 6-10 times
    - ○ 10 or more times

Not meant to include alcohol.

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11. On how many OCCASIONS (if any) have you had alcoholic beverages to drink (such as wine, wine coolers, beer, mixed drinks, or hard liquor)...

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. In your lifetime?	○	○	○	○	○	○	○
b. During the last 12 months?	○	○	○	○	○	○	○
c. During the last 30 days?	○	○	○	○	○	○	○

[redacted]

12. Is there a smoke detector in your home?
- ○ Yes
- ○ No
- ○ Don't know

If not installed or not working mark no.

13. Is the telephone number for a poison control center or a physician near the telephone in your home?
- ○ Yes
- ○ No
- ○ Don't know

This means written in a special place (wall or on phone) not in telephone book.

Poison control center - phone advice to people who may have come in contact with poison

14. When you walk somewhere without sidewalks, in which direction do you usually walk?
- ○ I walk facing oncoming cars.
- ○ I walk in the same direction as cars
- ○ I don't have a usual pattern
- ○ I never walk places without sidewalks.

oncoming = cars facing at you

Same direction as cars = cars coming from behind you

15. When you need to walk across a busy street, about how often do you cross at the corner?
- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Usually
- ○ Always

Not in the middle of the street - walk to corner instead (not necessarily crosswalk or light)

16. Do you ever ride a bicycle?
- ○ Yes
- ○ No ⟶ If you marked here, do not answer #17 through #20. Go to #21.

17. When you ride a bicycle after dark, about how often do you wear light-colored or reflective clothing so you can be easily seen?
- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Usually
- ○ Always
- ○ I don't ride a bicycle after dark

Select clothing for the purpose of being seen - not just wearing light colored clothing by chance

18. When you ride a bicycle after dark, about how often do you use a light?
- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Usually
- ○ Always
- ○ I don't ride a bicycle after dark

Reflectors do not count as a light

19. What would your friends think if you wore a bicycle helmet when you rode?
- ○ They would think it was a good thing to do
- ○ They would think it was a silly thing to do
- ○ They wouldn't care one way or the other

20. When you ride a bicycle, about how often do you wear a bicycle helmet?
- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Usually
- ○ Always

21. How many of your friends usually wear a seat belt when they ride in a car, truck, or van?
- ○ None of my friends
- ○ Some of my friends
- ○ Most of my friends
- ○ Don't know

22. During the past YEAR, about how many times did you:

	0 Times	1-3 Times	4-6 Times	7-10 Times	11-20 Times	More Than 20 Times
a. take medicine that was prescribed for someone else?	○	○	○	○	○	○
b. ice-skate in an unsupervised area? In an area not set aside for the purpose of ice skating	○	○	○	○	○	○
c. surf, wind-surf, or boogie board in an unsupervised area?	○	○	○	○	○	○
d. swim alone with no one else around?	○	○	○	○	○	○
e. swim in a restricted or unsupervised area? In an area marked dangerous or without a lifeguard	○	○	○	○	○	○
f. dive into water without knowing how deep it was?	○	○	○	○	○	○
g. use alcohol or drugs while swimming or boating?	○	○	○	○	○	○
h. drive or ride on a go-cart, snowmobile, or all-terrain vehicle (ATV)? (dune buggy	○	○	○	○	○	○
i. use a handgun, rifle, or shotgun for any reason (including hunting or target shooting)?	○	○	○	○	○	○

23. **Suppose you were trying to decide whether to wear a seat belt. How important are each of the following in deciding whether to wear a seat belt?**

	Very Important	Somewhat Important	Not Important
a. What your parents want you to do	○	○	○
b. Whether it's a law that you must	○	○	○
c. Whether your friends wear one	○	○	○
d. How far you are going to travel	○	○	○
e. That it helps protect you in a crash	○	○	○
f. Whether the driver is wearing one	○	○	○

24. **During the past MONTH, about how many times did you ride with a driver who had used drugs or had been drinking before driving?**

- ○ 0 times
- ○ 1-3 times
- ○ 4-6 times
- ○ 7-10 times
- ○ 11-20 times
- ○ More than 20 times

25. **When you ride on a motorcycle or minibike, about how often do you wear a motorcycle helmet?**

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Usually
- ○ Always
- ○ I don't ride on a motorcycle or minibike

minibike = Small motorized motorcycle not a bicycle

26. **About how often do you do warm-ups (such as stretching) before playing sports or exercising outside of school?**

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Usually
- ○ Always
- ○ I don't play sports or exercise outside of school

27. **Since the beginning of the 7th grade, have you received instruction in school on how to prevent accidents and injuries?**

- ○ Yes
- ○ No
- ○ Don't remember

* In school includes assemblies, field trips outside lecturers who come to the school (e.g. fireman)

* This Question appears repeatedly on every form

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28. How hard is it for you to deal with stressful situations at home and at school?
    - ○ Very hard
    - ○ Hard
    - ○ Not sure
    - ○ Easy
    - ○ Very easy

29. During the past MONTH, how often have you felt sad and hopeless?
    - ○ Never
    - ○ Rarely
    - ○ Sometimes
    - ○ Often

30. During the past MONTH, how often have you felt that you have nothing to look forward to?
    - ○ Never
    - ○ Rarely
    - ○ Sometimes
    - ○ Often

31. Have you ever seriously thought about trying to hurt yourself in a way that might result in your death?
    - ○ Yes
    - ○ No

Not just a passing thought, but thinking about it repeatedly or thinking about the details of what you might do.

32. Have you ever actually tried to hurt yourself in a way that might have resulted in your death?
    - ○ Yes
    - ○ No

Tried to commit suicide (kill yourself) not just thought about it.

33. Has anyone you know ever tried to commit suicide?
    - ○ Yes
    - ○ No

34. Is a suicide prevention hotline available to you?
    - ○ Yes
    - ○ No
    - ○ Don't know

hotline = a phone number where you can talk to someone about being depressed.

Restate "Do you know whether you could reach a suicide prevention hotline from the area if you wanted to?"

35. Could you locate a community agency that helps people who are thinking about committing suicide?
    - ○ Yes
    - ○ No
    - ○ Don't know

Restate "are you certain that you could find an agency such as a counseling center that helps people who are considering suicide"

36. People who talk about committing suicide won't actually do it.
    - ○ True
    - ○ False
    - ○ Don't know

37. Many teenagers who are thinking about committing suicide:

	True	False	Don't Know
a. avoid family, friends, and normal social activities	X	○	○
b. act in ways that are violent, reckless, or rebellious	X	○	○
c. eat more than usual	○	X	○
d. show less interest in enjoyable activities	X	○	○
e. act silly and giggle at the wrong moment	○	X	○
f. seem to have no hope that their life will get better	X	○	○
g. change the way they look (for example, wear different clothing or a new hairstyle)	○	X	○
h. say things such as "You won't have to worry about me much longer"	X	○	○
i. give away things they care about (such as favorite record albums)	X	○	○
j. act differently than usual (for example, becoming unusually quiet or outgoing)	X	○	○

38. Suppose a friend were feeling sad and hopeless and had talked about committing suicide. How hard would it be for you to:

	Very Hard	Hard	Not Sure	Easy	Very Easy
a. tell an adult even if you promised your friend that you wouldn't?	○	○	○	○	○
b. talk with your friend about it?	○	○	○	○	○
c. tell your friend to get help from an adult?	○	○	○	○	○
d. tell your friend to call a suicide prevention hotline?	○	○	○	○	○
e. tell your friend that you and other people care?	○	○	○	○	○
f. get help for your friend even if your friend doesn't want it?	○	○	○	○	○
g. tell a member of your friend's family?	○	○	○	○	○
h. tell the school counselor or a teacher?	○	○	○	○	○

39. Since the beginning of the 7th grade, have you received instruction in school on suicide prevention?

○ Yes
○ No
○ Don't remember

Questions 40 through [illegible]

40. Read the following label for an over-the-counter medicine. Then rate each action listed below as safe or unsafe.

Over-the-counter = buy off the shelf in a drug store without a prescription

BREATHE-FREE TABLETS

Dosage: Adults – 2 tablets every 4 hours. Not to exceed 8 tablets in a day. Children (6–12 years) – 1 tablet every 4 hours. Not to exceed 4 tablets in a day. Not to be used by children under 6.

Indications: Relieves nasal congestion: runny nose: sneezing; itchy, watery eyes; aches and pains caused by a cold, sinus, or allergy problem.

Warnings: May cause excitability, especially in children. May cause drowsiness. Avoid drinking alcoholic beverages, driving a motor vehicle, or operating heavy machinery while taking this medication. Persons with asthma, high blood pressure, diabetes, heart disease, or high fever should not use this product except under a physician's supervision. Do not use for more than 10 days unless directed by a physician.

*Do not read any words for the students. This is a test of reading comprehension

	Safe	Unsafe	Don't Know
a. Taking this medicine for 1 week without going to a physician	[illegible]	○	[illegible]
b. Taking this medicine if you have a high fever without going to a physician	[illegible]	⊗	[illegible]
c. Taking this medicine if you have a cold	⊗	○	[illegible]
d. A 10-year-old child taking 2 tablets every 4 hours	[illegible]	⊗	[illegible]
e. A 10-year-old child taking 4 tablets in one day	⊗	○	[illegible]
f. A 5-year-old child taking 1 tablet every 4 hours	[illegible]	⊗	[illegible]

* Do not read any part of label for students

Breakfast Crisps

Serving size: 1 cup (1 ounce)
Servings per box: 20
Nutrient Information

	1 ounce cereal	1 ounce cereal with 1/2 cup low-fat milk
Calories	155	225
Protein (grams)	4	9
Carbohydrate (grams)	26	33
Fat (grams)	4	6
Sodium (milligrams)	250	320

Ingredients: corn, honey, almonds, malt flavoring, corn syrup, salt

Toasty Squares

Serving size: 1 cup (1 ounce)
Servings per box: 18
Nutrient Information

	1 ounce cereal	1 ounce cereal with 1/2 cup low-fat milk
Calories	175	245
Protein (grams)	7	12
Carbohydrate (grams)	40	47
Fat (grams)	5	7
Sodium (milligrams)	2	72

Ingredients: whole wheat, almonds

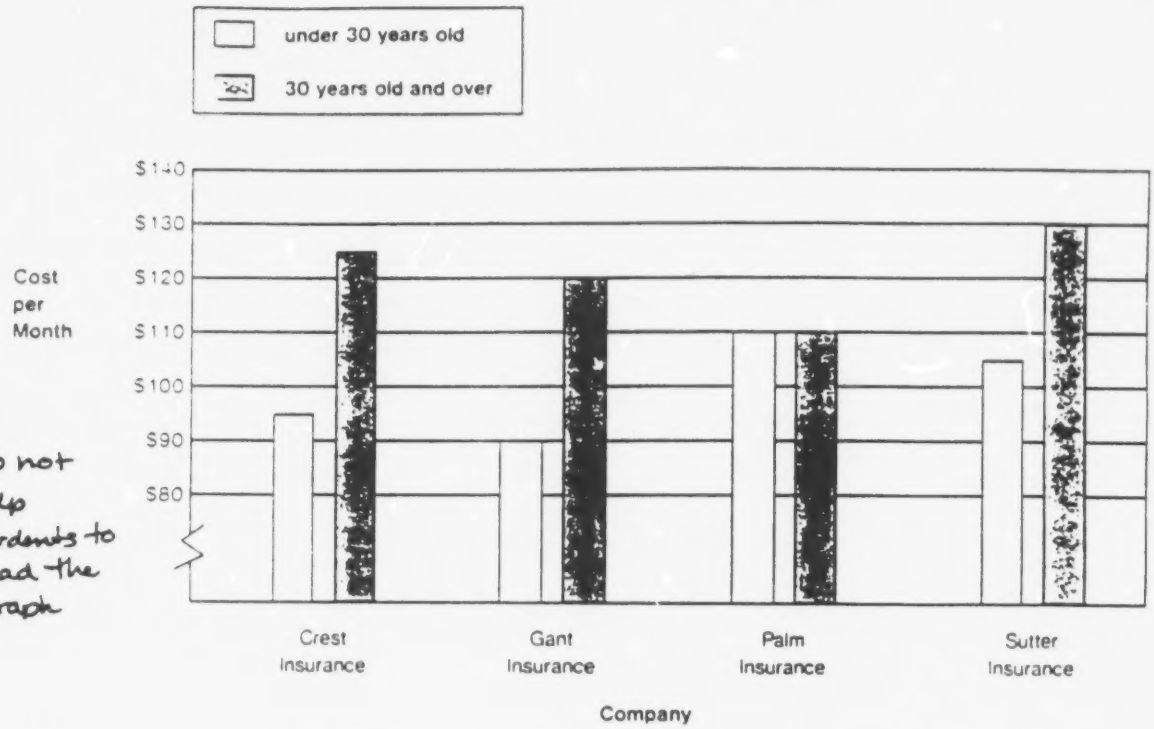
41. **If you ate 1 cup of Breakfast Crisps with 1/2 cup of low-fat milk, how many calories would you have eaten?**
    - ○ 155 calories
    - ☒ 225 calories
    - ○ 245 calories
    - ○ Can't tell from label
    - ○ Don't know

42. **Which of the following ingredients in Breakfast Crisps is present in the largest amount?**
    - ○ Honey
    - ○ Almonds
    - ☒ Corn
    - ○ Can't tell from label
    - ○ Don't know

43. **Which cereal should you choose if you were trying to cut down on the amount of sugar you eat?**
    - ○ Breakfast Crisps
    - ☒ Toasty Squares
    - ○ Can't tell from label
    - ○ Don't know

44. **Which cereal should you choose if you were trying to cut down on the amount of sodium you eat?**
    - ○ Breakfast Crisps
    - ☒ Toasty Squares
    - ○ Can't tell from label
    - ○ Don't know

Monthly Rates for Medical Insurance



* Do not help students to read the graph

45. Gail, age 19, has decided on the type of medical insurance she needs. Each of the companies shown above meet her needs. Gail wants to get the best price she can on her insurance. Which company should she choose?

- ○ Crest Insurance
- ☒ Gant Insurance
- ○ Palm Insurance.
- ○ Sutter Insurance
- ○ Don t know

46. Len is insured by Sutter Insurance Company. He just turned 30 years old. How much more each month will he have to pay for the same insurance?

- ☒ $25 more each month
- ○ $30 more each month
- ○ $100 more each month
- ○ $130 more each month
- ○ Don t know

physician + doctor

47. What kind of physician is specially trained to take care of skin problems?
- ○ Neurologist
- ☒ Dermatologist — You can pronounce but not dispose
- ○ Periodontist
- ○ Don't know

48. September 7 is stamped on a carton of cottage cheese. What does this date mean?
- ○ The cottage cheese was packed on that date
- ○ The cottage cheese ate [illegible] be eaten after that date
- ☒ The cottage cheese should [illegible] be sold after that date
- ○ Don't know

49. Which one of the following sales techniques should you be most careful of when selecting a health product?
- ☒ Advertising one product at a very low price then trying to get customers to buy a higher priced product
- ○ Advertising discount coupons that can be used toward the purchase of a product
- ○ Advertising a free gift with the purchase of a product
- ○ Advertising a money back guarantee if customers are not completely satisfied with a product
- ○ Don't know

Advertising = printed ads or TV commercials to try and sell a product

50. Since the beginning of the 7th grade, have you received instruction in school on selecting health products and services?
- ○ Yes
- ○ No
- ○ Don't remember

THANK YOU FOR COMPLETING THIS SURVEY. YOUR ANSWERS WILL BE INCLUDED WITH THOSE OF OTHER STUDENTS THROUGHOUT THE NATION.

If you are concerned about your health or that of a friend, be sure to talk with your parents, a teacher, your school counselor, or a health professional. For information on any health topic, call the National Health Information Center toll free at 1-800-336-4797 (Monday through Friday).

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Dear stucent:

Your class has been selected to participate in a national survey about health. Your participation is voluntary. Thousands of students across the country are taking part in this survey. The survey results will be used to improve programs that focus on the health concerns of teenagers.

To protect your privacy, please do NOT write your name on the survey booklet. Your answers cannot be linked with your name. No one will know how you answered the questions. If this survey is to be helpful, it is important that you answer each question honestly.

This is NOT a test. Most of the questions have no right or wrong answers. Read each question carefully before marking your answer. Mark one answer for each question unless the instructions tell you otherwise. If there is a question that you do not feel comfortable answering, leave it blank.

Please work alone and do not talk to other students while filling out the survey. If you have any questions during the survey, please raise your hand.

Thank you for your help.

1987 - 1988

AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE
AMERICAN SCHOOL HEALTH ASSOCIATION
ASSOCIATION FOR THE ADVANCEMENT OF HEALTH EDUCATION
SOCIETY FOR PUBLIC HEALTH EDUCATION

FORM 2

NCS Mark-Reflex EP-28680-001 321

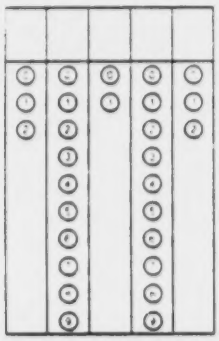
MARKING DIRECTIONS

When marking your answers, please do the following:

1. Use only the black lead pencil you have been given.
2. Make heavy black marks that fill the circle.

   Correct mark: ○●○○
   Incorrect marks: ⊠⊘⊙○

3. Erase completely any answer you want to change.
4. Make no other marks on the survey booklet.



Questions 1 through 11 ask for background information about you. Please mark one answer for each question.

Questions 1-11 are the same as Form 1

1. How old are you?
   - ○ 11 years old or younger
   - ○ 12 years old
   - ○ 13 years old
   - ○ 14 years old
   - ○ 15 years old
   - ○ 16 years old
   - ○ 17 years old or older

2. What is your sex?
   - ○ Female
   - ○ Male

3. How do you describe yourself?
   - ○ White
   - ○ Black
   - ○ Hispanic
   - ○ Asian or Pacific Islander
   - ○ American Indian or Alaskan Native
   - ○ Other

4. Since the beginning of the 7th grade, how many health education courses that met at least 20 times have you had in school (including this semester)?
   - ○ 1 course
   - ○ 2 courses
   - ○ 3 or more courses
   - ○ I have not had a health education course that met at least 20 times

5. Did you wear a seat belt the LAST TIME you rode in a car, truck, or van?
   - ○ Yes
   - ○ No
   - ○ Don't remember

6. About how many times a WEEK do you exercise or play sports hard enough to make you breathe hard and make your heart beat fast for 20 continuous minutes?
   - ○ 0 times
   - ○ 1 time a week
   - ○ 2 times a week
   - ○ 3 times a week
   - ○ 4 times a week
   - ○ 5 or more times a week

7. About how many times a WEEK do you eat fried foods (such as french fries, fried chicken, onion rings, doughnuts)?
   - ○ 0 times
   - ○ 1-3 times
   - ○ 4-6 times
   - ○ Once a day
   - ○ More than once a day

8. During the past MONTH, how many cigarettes did you smoke?
   - ○ Not even one puff
   - ○ 1-4 cigarettes
   - ○ 5-19 cigarettes
   - ○ 1-5 packs
   - ○ More than 5 packs

9. During the past MONTH, how many times did you use chewing tobacco or snuff?
   - ○ 0 times
   - ○ 1-5 times
   - ○ 6-9 times
   - ○ 10-19 times
   - ○ 20 or more times

10. During the past MONTH, how many times did you use illegal drugs (such as marijuana, cocaine, or pills)?
    - ○ 0 times
    - ○ 1-2 times
    - ○ 3-5 times
    - ○ 6-10 times
    - ○ 10 or more times

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11. On how many OCCASIONS (if any) have you had alcoholic beverages to drink (such as wine, wine coolers, beer, mixed drinks, or hard liquor). . .

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

Questions 12 through 23 are about fighting and violence. All these questions refer to physical fgh

12. During the past YEAR, how many times were you in a physical fight? (A physical fight is when two people hit each other or attack each other with weapons, not when they yell or shout.)

Year = 12 months, not school year

- ○ 0 times
- ○ 1 time
- ○ 2 times
- ○ 3-5 times
- ○ 6-9 times
- ○ 10 or more times

13. Think back over the last 12 MONTHS. While at school, how often did you carry:

	Never	Less Than Once a Month	A Few Times a Month	A Few Times a Week	Nearly Every Day
a. a knife?	○	○	○	○	○
b. a handgun?	○	○	○	○	○
c. another weapon?	○	○	○	○	○

Anything the student considers to be a weapon - e.g., broken bottle, stick, etc.

14. Could you get a handgun if you wanted to?

- ○ Yes
- ○ No
- ○ Don't know

15. Suppose someone were trying to start a fight with you. How important would each of the following be in deciding whether you would fight?

	Very Important	Somewhat Important	Not Important
a. What your friends would think	○	○	○
b. Whether you would get hurt	○	○	○
c. Whether you would get into trouble at school	○	○	○
d. What your parents would think	○	○	○

16. If you were in a fight, could you:

Sometimes confusing. Just re-state "Could these things happen to you if you were in a fight?"

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
a. be injured badly enough to need care from a doctor, nurse, or paramedic?	○	○	○	○	○
b. get suspended from school?	○	○	○	○	○
c. be sent to juvenile court?	○	○	○	○	○
d. get killed?	○	○	○	○	○
e. lose a friendship?	○	○	○	○	○
f. miss school or work because of injuries?	○	○	○	○	○

17. Are the following effective ways to avoid fighting?

	Yes	No	Don't Know
a. Not passing on information that could cause a fight	⊗	○	○
b. Threatening to use a weapon	○	⊗	○
c. Avoiding or walking away from someone who wants to fight you	⊗	○	○
d. Ignoring or pretending not to hear an insult	⊗	○	○
e. Dealing with the problem by talking	⊗	○	○
f. Acting "tough" so people won't want to fight you	○	⊗	○
g. Pretending to agree with someone when you really don't	⊗	○	○
h. Carrying a weapon	○	⊗	○
i. Apologizing (saying you're sorry)	⊗	○	○
j. Joining a gang for protection	○	⊗	○
k. Threatening to call the police	⊗	○	○

18. Do you think you should fight if someone:

	Yes	No	Not Sure
a. wants to fight you?	○	○	○
b. insults you in front of your friends?	○	○	○
c. hits you?	○	○	○
d. insults someone in your family?	○	○	○
e. calls you a name?	○	○	○
f. cuts in front of you in line?	○	○	○
g. steals something from you?	○	○	○
h. flirts with someone you like?	○	○	○
i. breaks something of yours on purpose?	○	○	○
j. hurts someone you care about?	○	○	○

19. Think back over the last 12 MONTHS. While <u>at school</u>, or on a school bus, how many times did someone:

	0 Times	1 Time	2 Times	3 or More Times
a. take something from you by using force or by threatening to hurt you?	○	○	○	○
b. threaten to hurt you but not actually hurt you?	○	○	○	○
c. attack you? actually hit you or use a weapon against you - not just threaten to	○	○	○	○
d. try to force you to have sex when you did not want to? rape or attempted rape	○	○	○	○

20. Think back over the last 12 MONTHS. While <u>outside of school</u>, how many times did someone:

	0 Times	1 Time	2 Times	3 or More Times
a. take something from you by using force or by threatening to hurt you?	○	○	○	○
b. threaten to hurt you but not actually hurt you?	○	○	○	○
c. attack you? Same as for # 19	○	○	○	○
d. try to force you to have sex when you did not want to? Same as for # 19	○	○	○	○

21. The following sentences are about murder (the killing of one person by another on purpose). Mark whether each is true or false.

	True	False	Don't Know
a. Most murders are committed by strangers. Restate: "Most people who commit murder don't know their victim."	○	⊗	○
b. Illegal drugs are involved in nearly half of all murders.	⊗	○	○
c. Most murders occur between people of the same race. Restate: "Most people who commit murder, kill someone of the same race as themselves"	⊗	○	○
d. About half of all murders involve the use of alcohol	⊗	○	○
e. Handguns are the most commonly used weapon in murder.	⊗	○	○

22. During the past YEAR, how many times did you:

	0 Times	1-2 Times	3-5 Times	6-9 Times	10 or More Times
a. go places that are known to be dangerous?	○	○	○	○	○
b. talk to strangers who tried to keep you from going on your way?	○	○	○	○	○
c. let people see how much money you were carrying?	○	○	○	○	○
d. go on a blind date with someone you hardly knew?	○	○	○	○	○
e. go out alone to sell items door-to-door?	○	○	○	○	○
f. hitchhike (take a car ride from a stranger)?	○	○	○	○	○
g. walk alone through unsafe neighborhoods?	○	○	○	○	○
h. ride on empty buses or train cars?	○	○	○	○	○
i. walk outside alone late at night?	○	○	○	○	○

23. Since the beginning of the 7th grade, have you received instruction in school on ways to avoid fighting and violence?

○ Yes
○ No
○ Don't remember

The last section of the survey is about alcoholic beverages and drugs.

24. Think back over the LAST TWO WEEKS. How many times (if any) have you had five or more drinks on one occasion? (A "drink" is a glass of wine, a wine cooler, a bottle of beer, a shot glass of liquor, or a mixed drink.)

- ○ None
- ○ Once
- ○ Twice
- ○ Three to five times
- ○ Six to nine times
- ○ Ten or more times

An occasion = an evening, a party could be over several hours but not a whole day.

25. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)...

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

26. On how many occasions (if any) have you used amyl or butyl nitrites (poppers, snappers, Locker Room, Vaporole, Rush, Kick, Bullet)...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

27. On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

28. On how many occasions (if any) have you used LSD ("acid"), PCP (angel dust), or other psychedelics (like mescaline, peyote, and psilocybin)...

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

29. Some types of diet pills (also called appetite suppressants) can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These "over-the-counter" drugs include Dexatrim, Dietac, Prolamine, and others. On how many occasions (if any) have you taken such non-prescription diet pills...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

30. Some stay-awake pills can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These non-prescription or "over-the-counter" drugs include No-Doz, Vivarin, Wake, Caffedrine, and others. On how many occasions (if any) have you taken such non-prescription stay-awake pills...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

31. In addition to non-prescription diet and stay-awake pills, there are other stimulants and pep pills which can be sold legally in most states without a prescription—usually by mail. These are sometimes called "fake pep pills," "imitation speed," or "look-alikes," because they look like prescription amphetamines and sometimes have similar names. Other than the diet pills and stay-awake pills you have already told us about, on how many occasions (if any) have you taken other non-prescription stimulants or pep pills. . .

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

32. Amphetamines can be prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drugstores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over-the-counter diet pills (like Dexatrim) or stay-awake pills (like No-Doz), or any mail-order drugs. On how many occasions (if any) have you taken amphetamines on your own—that is, without a doctor telling you to take them. . .

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

33. Have you ever used cocaine (coke) in any form, such as "crack," powder, freebase, or coca paste?
- ○ Yes
- ○ No ⟶ If you marked here, do not answer #34 through #37. Go to #38.

34. On how many occasions (if any) have you used cocaine in any form. . .

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

35. What methods have you used for taking cocaine? (Mark all that apply)
- ○ Sniffing or "snorting"
- ○ Smoking
- ○ Injection
- ○ Inhaling fumes
- ○ By mouth
- ○ Other

36. Have you ever taken cocaine in "crack" form or in any other freebase form—that is, where you inhaled the fumes from smoking, heating, or burning it?
- ○ Yes
- ○ No ⟶ If you marked here, do not answer #37. Go to #38.

37. On how many occasions (if any) have you taken "crack" (cocaine in chunk or rock form). . .

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	○	○	○	○	○	○	○
b. during the last 12 months?	○	○	○	○	○	○	○
c. during the last 30 days?	○	○	○	○	○	○	○

38. If you used alcohol or drugs during the past MONTH, on how many occasions (if any) did you use a combination of alcohol and drugs?

- ○ 0 occasions
- ○ 1-2 occasions
- ○ 3-5 occasions
- ○ 6-9 occasions
- ○ 10-19 occasions
- ○ 20-39 occasions
- ○ 40 or more occasions

For questions #39 - 43 If asked about a particular drug, use explanations from pages 7 & 8. Refer students to those descriptions if necessary.

39. When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to.

	Never	Grade 4 or Earlier	Grade 5 or 6	Grade 7 or 8	Grade 9 (Freshman)	Grade 10 (Sophomore)
a. Smoke your first cigarette	○	○	○	○	○	○
b. Smoke cigarettes on a daily basis	○	○	○	○	○	○
c. Try marijuana (grass, pot) or hashish	○	○	○	○	○	○
d. Try LSD, PCP, or other psychedelics (mescaline, peyote)	○	○	○	○	○	○
e. Try amphetamines (uppers, pep pills, bennies, speed)	○	○	○	○	○	○
f. Try "crack" cocaine	○	○	○	○	○	○
g. Try any other form of cocaine	○	○	○	○	○	○
h. Try amyl or butyl nitrites (poppers, snappers)	○	○	○	○	○	○
i. Try other inhalants (glue, gases, sprays)	○	○	○	○	○	○
j. Try an alcoholic beverage—more than just a few sips	○	○	○	○	○	○
k. Try diet pills (non-prescription)	○	○	○	○	○	○
l. Try stay-awake pills (non-prescription)	○	○	○	○	○	○
m. Try "look-alike" pep pills (non-prescription)	○	○	○	○	○	○

40. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

	Probably Impossible	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy
a. Marijuana (grass, pot)	○	○	○	○	○
b. LSD, PCP, or other psychedelics (mescaline, peyote)	○	○	○	○	○
c. Amphetamines (uppers, pep pills, bennies, speed)	○	○	○	○	○
d. Crack cocaine	○	○	○	○	○
e. Any other form of cocaine	○	○	○	○	○
f. Alcohol (beer, wine, liquor)	○	○	○	○	○
g. Cigarettes	○	○	○	○	○

41. How many of your friends would you estimate...

	None	A Few	Some	Most	All
a. Smoke cigarettes?	O	O	O	O	O
b. Smoke marijuana (grass, pot) or hashish?	O	O	O	O	O
c. Take LSD, PCP, or other psychedelics (mescaline, peyote)?	O	O	O	O	O
d. Take amphetamines (uppers, pep pills, bennies, speed)?	O	O	O	O	O
e. Take "crack" cocaine?	O	O	O	O	O
f. Take any other form of cocaine?	O	O	O	O	O
g. Take amyl or butyl nitrites (poppers, snappers)?	O	O	O	O	O
h. Use other inhalants (glue, gases, sprays)?	O	O	O	O	O
i. Drink alcoholic beverages (beer, wine, liquor)?	O	O	O	O	O
j. Get drunk at least once a week?	O	O	O	O	O
k. Take diet pills (non-prescription)?	O	O	O	O	O
l. Take stay-awake pills (non-prescription)?	O	O	O	O	O
m. Take "look-alike" pep pills (non-prescription)?	O	O	O	O	O

42. How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things?

	Not Disapprove	Disapprove	Strongly Disapprove
a. Smoking one or more packs of cigarettes every day	O	O	O
b. Trying marijuana (grass, pot) once or twice	O	O	O
c. Smoking marijuana occasionally	O	O	O
d. Smoking marijuana regularly	O	O	O
e. Trying LSD, PCP, or other psychedelics (mescaline, peyote) once or twice	O	O	O
f. Trying amphetamines (uppers, pep pills, bennies, speed) once or twice	O	O	O
g. Trying cocaine once or twice	O	O	O
h. Using cocaine occasionally	O	O	O
i. Using cocaine regularly	O	O	O
j. Trying alcoholic beverages once or twice	O	O	O
k. Drinking alcoholic beverages occasionally	O	O	O
l. Drinking alcoholic beverages regularly	O	O	O

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43. How much do you think people risk harming themselves (physically or in other ways), if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Can't Say Drug Unfamiliar
a. Smoke one or more packs of cigarettes every day?	○	○	○	○	○
b. Try marijuana (pot, grass) once or twice?	○	○	○	○	○
c. Smoke marijuana occasionally?	○	○	○	○	○
d. Smoke marijuana regularly?	○	○	○	○	○
e. Try cocaine in powdered form once or twice?	○	○	○	○	○
f. Use cocaine powder occasionally?	○	○	○	○	○
g. Use cocaine powder regularly?	○	○	○	○	○
h. Try "crack" cocaine once or twice?	○	○	○	○	○
i. Try "crack" cocaine occasionally?	○	○	○	○	○
j. Take "crack" cocaine regularly?	○	○	○	○	○
k. Try alcoholic beverages once or twice?	○	○	○	○	○
l. Drink alcoholic beverages occasionally?	○	○	○	○	○
m. Drink alcoholic beverages regularly?	○	○	○	○	○
n. Have five or more drinks once or twice each weekend?	○	○	○	○	○
o. Try inhalants (glue, gases, sprays) once or twice?	○	○	○	○	○
p. Use inhalants occasionally?	○	○	○	○	○
q. Use inhalants regularly?	○	○	○	○	○

44. Since the beginning of the 7th grade, have you received instruction in school on the effects of drugs and alcohol?

○ Yes
○ No
○ Don't remember

THANK YOU FOR COMPLETING THIS SURVEY. YOUR ANSWERS WILL BE INCLUDED WITH THOSE OF OTHER STUDENTS THROUGHOUT THE NATION.

If you are concerned about your health or that of a friend, be sure to talk with your parents, a teacher, your school counselor, or a health professional. For information on any health topic, call the National Health Information Center toll free at 1-800-336-4797 (Monday through Friday).

Dear student:

Your class has been selected to participate in a national survey about health. Your participation is voluntary. Thousands of students across the country are taking part in this survey. The survey results will be used to improve programs that focus on the health concerns of teenagers.

To protect your privacy, please do NOT write your name on the survey booklet. Your answers cannot be linked with your name. No one will know how you answered the questions. If this survey is to be helpful, it is important that you answer each question honestly.

This is NOT a test. Most of the questions have no right or wrong answers. Read each question carefully before marking your answer. Mark one answer for each question unless the instructions tell you otherwise. If there is a question that you do not feel comfortable answering, leave it blank.

Please work alone and do not talk to other students while filling out the survey. If you have any questions during the survey, please raise your hand.

Thank you for your help.

1987 – 1988

AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE
AMERICAN SCHOOL HEALTH ASSOCIATION
ASSOCIATION FOR THE ADVANCEMENT OF HEALTH EDUCATION
SOCIETY FOR PUBLIC HEALTH EDUCATION

FORM 3

NCS Mark Reflex EP-28684-001 321

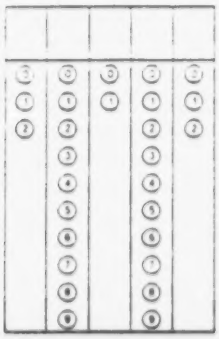
MARKING DIRECTIONS

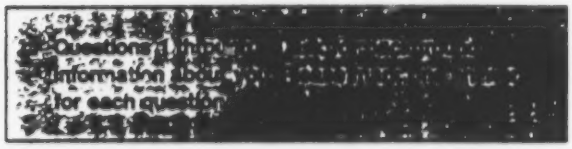
When marking your answers, please do the following:

1. Use only the black lead pencil you have been given.
2. Make heavy black marks that fill the circle.

Correct mark: ○ ● ○ ○
Incorrect marks: ⊠ ⊘ ⊙ ○

3. Erase completely any answer you want to change.
4. Make no other marks on the survey booklet.





1. How old are you?
   - ○ 11 years old or younger
   - ○ 12 years old
   - ○ 13 years old
   - ○ 14 years old
   - ○ 15 years old
   - ○ 16 years old
   - ○ 17 years old or older

2. What is your sex?
   - ○ Female
   - ○ Male

3. How do you describe yourself?
   - ○ White
   - ○ Black
   - ○ Hispanic
   - ○ Asian or Pacific Islander
   - ○ American Indian or Alaskan Native
   - ○ Other

4. Since the beginning of the 7th grade, how many health education courses that met at least 20 times have you had in school (including this semester)?
   - ○ 1 course
   - ○ 2 courses
   - ○ 3 or more courses
   - ○ I have not had a health education course that met at least 20 times

5. Did you wear a seat belt the LAST TIME you rode in a car, truck, or van?
   - ○ Yes
   - ○ No
   - ○ Don't remember

6. About how many times a WEEK do you exercise or play sports hard enough to make you breathe hard and make your heart beat fast for 20 continuous minutes?
   - ○ 0 times
   - ○ 1 time a week
   - ○ 2 times a week
   - ○ 3 times a week
   - ○ 4 times a week
   - ○ 5 or more times a week

7. About how many times a WEEK do you eat fried foods (such as french fries, fried chicken, onion rings, doughnuts)?
   - ○ 0 times
   - ○ 1–3 times
   - ○ 4–6 times
   - ○ Once a day
   - ○ More than once a day

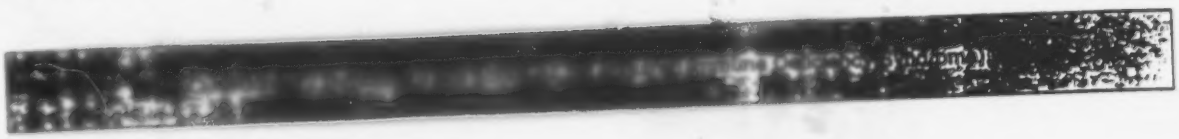
8. During the past MONTH, how many cigarettes did you smoke?
   - ○ Not even one puff
   - ○ 1–4 cigarettes
   - ○ 5–19 cigarettes
   - ○ 1–5 packs
   - ○ More than 5 packs

9. During the past MONTH, how many times did you use chewing tobacco or snuff?
   - ○ 0 times
   - ○ 1–5 times
   - ○ 6–9 times
   - ○ 10–19 times
   - ○ 20 or more times

10. During the past MONTH, how many times did you use illegal drugs (such as marijuana, cocaine, or pills)?
    - ○ 0 times
    - ○ 1–2 times
    - ○ 3–5 times
    - ○ 6–10 times
    - ○ 10 or more times

11. On how many OCCASIONS (if any) have you had alcoholic beverages to drink (such as wine, wine coolers, beer, mixed drinks, or hard liquor)

	0 Occasions	1–2 Occasions	3–5 Occasions	6–9 Occasions	10–19 Occasions	20–39 Occasions	40 or More
a. In your lifetime?	O	O	O	O	O	O	O
b. During the last 12 months?	O	O	O	O	O	O	O
c. During the last 30 days?	O	O	O	O	O	O	O



12. Will the following behaviors make it MORE likely for a person to become infected with the AIDS virus?

	Yes	No	Don't Know
a. Being in the same classroom with someone who has the AIDS virus	O	X	O
b. Shaking hands with someone who has the AIDS virus	O	X	O
c. Hugging someone who has the AIDS virus	O	X	O
d. Having sexual intercourse (sex) with someone who has the AIDS virus " Boy having sex w/ a boy " Girl having sex w/ a girl	X	O	O
e. Having more than one sex partner	X	O	O
f. Having sex with someone who has had several sex partners	X	O	O
g. A male having sex with another male (boy, man)	X	O	O
h. A female having sex with another female (lesbian, gay, women)	O	X	O
i. Sharing drug needles	X	O	O
j. Giving / Donating blood	O	X	O

13. Will the following behaviors make it LESS likely for a person to become infected with the AIDS virus?

	Yes	No	Don't Know
a. Eating a healthy diet and staying physically fit	☒	☒	○
b. Not having sex	○	○	○
c. Going to the bathroom after having sex	☒	☒	○
d. Using condoms (rubbers) during sex	○	○	○
e. Washing after having sex	☒	☒	○
f. Making sure that a sex partner looks healthy — Sex partner - someone you have sex with e.g. a girlfriend or boyfriend	○	☒	○
g. Not taking illegal drugs with a needle	☒	○	○

14. Mark whether you think each sentence is true or false.

	True	False	Don't Know
a. People who have the AIDS virus cannot spread AIDS unless they are sick with AIDS themselves — Sick with AIDS means that they have symptoms of the disease	○	☒	○
b. There is no known cure for AIDS	☒	○	○
c. Most people who are sick with AIDS eventually die as a result of it	☒	○	○
d. A test to determine whether a person has the AIDS virus is now available	☒	○	○
e. Blood transfusions are a common way for people to get AIDS today. That is, if you got a blood transfusion today would you be likely to get AIDS	☒	☒	○
f. A vaccine that protects people from getting the AIDS virus is now available	○	☒	○
g. A pregnant woman who has the AIDS virus can give AIDS to her baby	☒	○	○

15. I believe that:

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
a. it is OK for people my age to say "no" to having sex	O	O	O	O	O
b. it is OK for people my age to use some illegal drugs (not meant to include alcohol)	O	O	O	O	O
c. people my age should use condoms (rubbers) if they have sex	O	O	O	O	O
d. it is OK for people my age to have sex with someone they have dated for a long time	O	O	O	O	O
e. it is OK for people my age to have sex with several different people	O	O	O	O	O
f. people my age should not have sex	O	O	O	O	O

16. My friends believe that:

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
a. it is OK for people my age to say "no" to having sex	O	O	O	O	O
b. it is OK for people my age to use some illegal drugs	O	O	O	O	O
c. people my age should use condoms (rubbers) if they have sex	O	O	O	O	O
d. it is OK for people my age to have sex with someone they have dated for a long time	O	O	O	O	O
e. it is OK for people my age to have sex with several different people	O	O	O	O	O
f. people my age should not have sex	O	O	O	O	O

17. I would worry about getting AIDS if:

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
a. I had sex with someone I had dated for a long time					
b. I took illegal drugs with a needle					
c. I had sex with several different people					
d. someone in my classroom had AIDS					
e. I donated blood					
f. I received a blood transfusion					

18. Do you know that a national toll free hotline is available to answer questions about AIDS?
- Yes
- No

toll free hotline
telephone number at no cost
where someone will give you
information on AIDS

If students ask for this number tell them
to see keyed questionnaires in central office

19. Since the beginning of the 7th grade, have you received instruction in school on AIDS?
- Yes
- No
- Don't remember

20. **How do most people get STD? (mark one)**
- ○ From objects like toilet seats
- ○ By kissing on the mouth
- ☒ By having sex
- ○ Don't know

21. **Some methods of avoiding STD are more effective than others. For each method listed below, mark how effective you think it is.**

	Very Effective	Somewhat Effective	Slightly Effective	Not Effective	Don't Know
a. Not having sex	☒	○	○	○	○
b. Going to the bathroom after having sex	○	○	☒ either	☒ either	○
c. Taking birth control pills	○	○	○	☒	○
d. Washing after having sex	○	○	○	☒	○
e. Having sex with only one partner in a long-term relationship	☒ either	☒ either	○	○	○
f. Using condoms (rubbers)	☒ either	☒ either	○	○	○

22. **Which of the following are common early signs of STD?**

	Is a Sign	Is Not a Sign	Don't Know
a. Fainting and dizziness	○	☒	○
b. Lower abdominal (below the stomach) pain in females	○	☒	○
c. Nausea and throwing-up	○	☒	○
d. Discharge of pus from the sex organs	☒	○	○
e. A bad cough	○	☒	○
f. A headache	○	☒	○
g. A sore on the sex organs	☒	○	○
h. Pain when going to the bathroom	☒	○	○

23. If someone had signs of STD, would the following actions be helpful, harmful or have no effect?

	Helpful	Harmful	No Effect	Don't Know
a. Eat special foods	○	○	☒	○
b. Wait to see if the signs go away on their own	○	☒	○	○
c. Take medicine left over from a similar problem	○	☒	○	○
d. Get tested for STD at a doctor's office or clinic	☒	○	○	○
e. Not have sex	☒	○	○	○
f. Tell the sex partner about a possible STD infection	☒	○	○	○
g. Take medicine only until the signs go away	○	☒	○	○

24. Mark whether you think each sentence is true or false.

	True	False	Don't Know
a. Most public libraries have information on STD	☒	○	○
b. If a person under 18 years of age has STD, the Public Health Department must tell the person's parents about it	○	☒	○
c. Most clinics must have the permission of parents to treat people under 18 years of age for STD.		☒	○
d. A telephone call to the VD National Hotline from a home phone shows up on the telephone bill	○	☒	○

25. Suppose you thought you might have STD. Would you agree or disagree with each of the following?

	Agree	Disagree	Not Sure
a. I would talk to a priest, minister, rabbi or other clergy member	○	○	○
b. It would be hard for me to find transportation to a clinic or doctor for treatment	○	○	○
c. I would want to keep my friends from finding out	○	○	○
d. It would be hard for me to pay for treatment	○	○	○
e. I would want to keep my parents from finding out	○	○	○
f. I have a friend I could talk to about my having STD	○	○	○
g. It would be hard for me to tell my sex partner	○	○	○
h. I would be embarrassed to ask a doctor what is wrong with me	○	○	○
i. I wouldn't know where to go for medical care	○	○	○
j. I know an adult I could talk to about my having STD	○	○	○

26. Since the beginning of the 7th grade, have you received instruction in school on STD?

- ○ Yes
- ○ No
- ○ Don't remember

27. YESTERDAY, which of the following did you have for a snack between meals? (mark all that apply)

- ○ I did not have a snack yesterday
- ○ chips/pretzels
- ○ nuts
- ○ fruits or vegetables
- ○ juice
- ○ milk
- ○ soda (not diet)
- ○ soda (diet)
- ○ candy
- ○ ice cream
- ○ doughnuts/cookies/cake
- ○ yogurt
- ○ cheese
- ○ other

28. If a person is trying to lose weight, how many pounds should that person try to lose in one WEEK?

- ☒ 1–2 pounds
- ○ 3–5 pounds
- ○ 6–8 pounds
- ○ Don't know

Restate "What is the most weight that would be safe to lose in one week?"

29. During the past YEAR, how many times have you changed your eating habits or gone on a diet for more than one week to control your weight?

- ○ 0 times → **If you marked here, do not answer #30. Go to #31.**
- ○ 1 time
- ○ 2 times
- ○ 3 times
- ○ 4 or more times

30. When you try to control your weight, how often do you use each method listed below? Mark one answer for each method.

	None of the time	Some of the time	Most of the time
a. Eating low calorie or diet foods/sodas	○	○	○
b. Using diet pills or diet candies	○	○	○
c. Exercising more	○	○	○
d. Skipping a meal	○	○	○
e. Taking laxatives	○	○	○
f. Eating only fruits	○	○	○
g. Eating only high protein foods such as eggs or cheese	○	○	○
h. Eating only salads	○	○	○
i. Avoiding sweets	○	○	○
j. Drinking only liquids (avoiding solid food)	○	○	○
k. Throwing up after eating	○	○	○
l. Eating a little less food	○	○	○
m. Hardly eating at all or fasting	○	○	○

31. Which one of the following best describes how you salt your food?

- ○ I salt my food before tasting it
- ○ I taste my food to decide if it needs salt
- ○ I almost never add salt to my food

32. How much salt do you usually add to your food?

- ○ A lot of salt
- ○ A little salt
- ○ No salt

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33. When you have bread or toast, how do you usually eat it?
- ○ With margarine
- ○ With butter
- ○ Without margarine or butter
- ○ I don't eat bread or toast

34. When you eat meat (such as steak), what do you usually do?
- ○ Cut off most of the fat
- ○ Cut off some of the fat
- ○ Eat the fat with the meat
- ○ I don't eat meat

35. When you eat chicken, what do you usually do?
- ○ Remove all of the skin before eating the chicken
- ○ Eat some of the skin with the chicken
- ○ Eat all of the skin with the chicken
- ○ I don't eat chicken

36. During the past WEEK, how many times did you eat food from a fast food restaurant?
- ○ 0 times
- ○ 1 time
- ○ 2 times
- ○ 3 times
- ○ 4 times
- ○ 5 or more times

37. Which one of the following cooking practices increases the amount of fat in foods?
- ○ Baking foods
- ○ Broiling foods
- ☒ Frying foods
- ○ Don't know

38. Does boiling vegetables reduce the amount of vitamins in them?
- ☒ Yes
- ○ No
- ○ Don't know

39. Eating foods that are high in saturated fat may cause which one of the following health problems?
- ○ Cavities
- ○ Stomach cancer
- ☒ Heart problems
- ○ Don't know

40. Eating too little fiber may cause which one of the following health problems?
- ☒ Colon cancer
- ○ High blood pressure
- ○ Heart problems
- ○ Don't know

41. Eating sugar may cause which one of the following health problems?
- ○ Heart problems
- ○ Low blood pressure
- ☒ Cavities
- ○ Don't know

42. Eating too much salt may cause which one of the following health problems?
- ○ Liver cancer
- ☒ High blood pressure
- ○ Gum disease
- ○ Don't know

43. Compared to a hot dog, a peanut butter and jelly sandwich has
- ☒ Less salt
- ○ More salt
- ○ About the same amount of salt
- ○ Don't know

44. Compared to frozen vegetables, canned vegetables have
- ○ Less salt
- ☒ More salt
- ○ About the same amount of salt
- ○ Don't know

45. Compared to a turkey sandwich, a ham sandwich has
- ○ Less fat
- ⊗ More fat
- ○ About the same amount of fat
- ○ Don't know

46. Compared to ice cream, frozen yogurt has
- ⊗ Less fat
- ○ More fat
- ○ About the same amount of fat
- ○ Don't know

47. Compared to bran cereal, corn flakes have
- ⊗ Less fiber
- ○ More fiber
- ○ About the same amount of fiber
- ○ Don't know

48. Compared to a baked potato, baked beans have
- ○ Less fiber
- ⊗ More fiber
- ○ About the same amount of fiber
- ○ Don't know

49. During the past WEEK, how many days did you eat breakfast?
- ○ 0 days → If you marked here, do not answer #50. Go to #51.
- ○ 1–2 days
- ○ 3–4 days
- ○ 5–6 days
- ○ every day

50. During the past WEEK, where did you usually eat breakfast on school days? (mark one)
- ○ At home
- ○ At school
- ○ Other
- ○ I didn't eat breakfast on school days

51. During the past WEEK, how many days did you eat lunch?
- ○ 0 days → If you marked here, do not answer #52. Go to #53.
- ○ 1–2 days
- ○ 3–4 days
- ○ 5–6 days
- ○ every day

52. During the past WEEK, where did you usually get your lunch on school days? (mark one)
- ○ Brought lunch from home
- ○ School cafeteria
- ○ Other
- ○ I didn't eat lunch on school days

53. During the past WEEK, how many days did you eat dinner?
- ○ 0 days
- ○ 1–2 days
- ○ 3–4 days
- ○ 5–6 days
- ○ every day

54. Since the beginning of the 7th grade, have you received instruction in school on nutrition and choosing healthy foods?
- ○ Yes
- ○ No
- ○ Don't remember

THANK YOU FOR COMPLETING THIS SURVEY. YOUR ANSWERS WILL BE INCLUDED WITH THOSE OF OTHER STUDENTS THROUGHOUT THE NATION.

If you are concerned about your health or that of a friend, be sure to talk with your parents, a teacher, your school counselor, or a health professional. For information on any health topic, call the National Health Information Center toll free at 1-800-336-4797 (Monday through Friday).

Appendix C

Sample Parental Consent Letter and Form

Dear Parent:

A survey is being conducted to examine the health-related knowledge, practices, and attitudes of our nation's youth in the following health areas:

Consumer Health
Sexually Transmitted Disease and AIDS
Drug and Alcohol Use
Injury Prevention
Suicide
Nutrition
Violence

Questions in the areas of sexually transmitted disease and AIDS focus on students' knowledge about the basic facts of these diseases. Students are not asked about their personal practices.

The study is being sponsored by_____. Survey findings will be used to improve health education programs and influence public policy regarding health concerns of critical importance for young people.

The principal at your son's or daughter's school has approved student participation in the survey. However, if you *do not* want your son or daughter to be involved, please complete the form on the back of this letter and return it to the school by _____.

Your son's or daughter's participation is strictly voluntary. Students will be informed of their right not to answer questions that they do not want to answer. Student responses on the survey will be anonymous; they will be told *not* to write their names on the survey booklet or the answer sheet. The survey will take about 30-40 minutes to complete.

If you would like additional information about the survey, please call _____ or come by the office to review the questionnaires.

Sincerely,

Adolescent Student Health Survey

I *do not* want my son or daughter to participate in the survey.

_____
Student's Name
(Please Print)

_____ ____
Signature of Parent or Guardian Date

Please return to:

Appendix D

School Information Form with Directions

Column 1: *State*: The two (2) letter state abbreviation

Column 2: *City*: The full name of the city

Column 3: *School Name*: The full name of the school

Column 4: *Grade Tested*: 8th or 10th

Column 5: *A/B. Grade Population: Boys or Girls*: The total number of boys/girls at the tested grade level

Column 6: *A: Total Number of Classes:* The total number of classes offered in the selected subject area (e.g., English, Physical Education) at the tested grade level
B. Number of Classes Selected: The number of classes surveyed at the school

Column 7: *School/Class Code*: Write each code in a separate box

Column 8: *A/B. Class Population: Boys or Girls*: The total number of boys or girls enrolled in that class

Column 9: *Number of Participants:* The number of students in each classroom that participated in the study

Column 10: *Number Absent:* The number of students absent from each class that day

Column 11: *Number Refused*: The number of students who chose not to participate or whose parents returned the parental consent form

Comments: Use this area of the form to note any departures from standardized administration directions or to note distractions which may have affected results, such as having too little time, high number of questions asked, etc.

SCHOOL INFORMATION FORM

STATE	CITY	SCHOOL NAME	GRADE	GRADE POP.		NO. CLASSES		SCHOOL/ CLASS CODE	CLASS POP.		NO.	NO.	NO.
				BOYS	GIRLS	TOTAL	SELECTED		BOYS	GIRLS	PARTICIPANTS	ABSENT	REFUSED
1	2	3	4	5A	5B	6A	6B	7	8A	8B	9	10	11
COMMENTS:													
COMMENTS:													

53

54

47

Appendix E

NASHS Survey Booklets/Questions

Dear Student:

Your class has been selected to participate in a national survey about health. Your participation is voluntary. Thousands of students across the country are taking part in this survey. The survey results will be used to improve programs that focus on the health concerns of teenagers.

To protect your privacy, please do NOT write your name on the survey booklet. Your answers cannot be linked with your name. No one will know how you answered the questions. If this survey is to be helpful, it is important that you answer each question honestly.

This is NOT a test. Most of the questions have no right or wrong answers. Read each question carefully before marking your answer. Mark one answer for each question unless the instructions tell you otherwise. If there is a question that you do not feel comfortable answering, leave it blank.

Please work alone and do not talk to other students while filling out the survey. If you have any questions during the survey, please raise your hand.

Thank you for your help.

1987 - 1988

American Alliance for Health, Physical Education, Recreation, and Dance

American School Health Association

Association for the Advancement of Health Education

Society for Public Health Education, Inc.

Core Battery Questions

Forms 1, 2, and 3

Table 1-4

1. How old are you?
   - __11 years old or younger
   - __12 years old
   - __13 years old
   - __14 years old
   - __15 years old
   - __16 years old
   - __17 years old or older

Table 1-5

2. What is your sex?
   - __Female
   - __Male

Table 1-6

3. How do you describe yourself?
   - __White
   - __Black
   - __Hispanic
   - __Asian or Pacific Islander
   - __American Indian or Alaskan Native
   - __Other

Table 2-63

4. Since the beginning of the 7th grade, how many health education courses that met at least 20 times have you had in school (including this semester)?
   - __1 course
   - __2 courses
   - __3 or more courses
   - __I have not had a health education course that met at least 20 times

Table 2-1

5. Did you wear a seat belt the LAST TIME you rode in a car, truck, or van?
   - __Yes
   - __No
   - __Don't remember

Table C-1

6. About how many times a WEEK do you exercise or play sports hard enough to make you breathe hard and make your heart beat fast for 20 continuous minutes?
   - __0 times
   - __1 time a week
   - __2 times a week
   - __3 times a week
   - __4 times a week
   - __5 or more times a week

Table 2-56

7. About how many times a WEEK do you eat fried foods (such as french fries, fried chicken, onion rings, doughnuts)?
   __0 times
   __1-3 times
   __4-6 times
   __Once a day
   __More than once a day

Table 2-36

8. During the past MONTH, how many cigarettes did you smoke?
   __Not even one puff
   __1-4 cigarettes
   __5-19 cigarettes
   __1-5 packs
   __More than 5 packs

Table 2-36

9. During the past MONTH, how many times did you use chewing tobacco or snuff?
   __0 times
   __1-5 times
   __6-9 times
   __10-19 times
   __20 or more times

Table 2-47

10. During the past MONTH, how many times did you use illegal drugs (such as marijuana, cocaine, or pills)?
    __0 times
    __1-2 times
    __3-5 times
    __6-10 times
    __10 or more times

11. On how many OCCASIONS (if any) have you had alcoholic beverages to drink (such as wine, wine coolers, beer, mixed drinks, or hard liquor)...

	Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Injury Prevention (Form 1)

Table 2-4

12. Is there a smoke detector in your home?
    __Yes
    __No
    __Don't know

Table 2-5

13. Is the telephone number for a poison control center or a physician near the telephone in your home?
    __Yes
    __No
    __Don't know

Table 2-3

14 When you walk somewhere without sidewalks, in which direction do you usually walk?

__I walk facing oncoming cars.
__I walk in the same direction as cars.
__I don't have a usual pattern.
__I never walk places without sidewalks.

Table 2-3

15. When you need to walk across a busy street, about how often do you cross at the corner?

__Never
__Rarely
__Sometimes
__Usually
__Always

Table 2-2

16. Do you ever ride a bicycle?

__Yes
__No If you marked here, do not answer #17 through #20. Go to #21.

Table 2-2

17 When you ride a bicycle after dark, about how often do you wear light-colored or reflective clothing so that you can be easily seen?

__Never
__Rarely
__Sometimes
__Usually
__Always
__I don't ride a bicycle after dark.

Table 2-2

18 When you ride a bicycle after dark, about how often do you use a light?

__Never
__Rarely
__Sometimes
__Usually
__Always
__I don't ride a bicycle after dark.

Table 2-8

19. What would your friends think if you wore a bicycle helmet when you rode?

__They would think it was a good thing to do.
__They would think it was a silly thing to do.
__They wouldn't care one way or the other.

Table 2-2

20. When you ride a bicycle, about how often do you wear a bicycle helmet?

__Never
__Rarely
__Sometimes
__Usually
__Always

Table 2-8

21. How many of your friends usually wear a seat belt when they ride in a car, truck, or van?

__None of my friends
__Some of my friends
__Most of my friends
__Don't know

22. During the past YEAR, about how many times did you

	0 Times	1-3 Times	4-6 Times	7-10 Times	11-20 Times	20+ Times
Table 2-5 a. take medicine that was prescribed for someone else?	—	—	—	—	—	—
Table 2-6 b. ice-skate in an unsupervised area?	—	—	—	—	—	—
Table 2-6 c. surf, wind-surf, or boogie board in an unsupervised area?	—	—	—	—	—	—
Table 2-6 d. swim alone with no one else around?	—	—	—	—	—	—
Table 2-6 e. swim in a restricted or unsupervised area?	—	—	—	—	—	—
Table 2-6 f. dive into water without knowing how deep it was?	—	—	—	—	—	—
Table 2-6 g. use alcohol or drugs while swimming or boating?	—	—	—	—	—	—
Table 2-7 h. drive or ride on a go-cart, snow-mobile, or all-terrain vehicle (ATV)?	—	—	—	—	—	—
Table 2-7 i. use a handgun, rifle, or shotgun for any reason (including hunting or target shooting)?	—	—	—	—	—	—

Table 2-8

23. Suppose you were trying to decide whether to wear a seat belt. How important are each of the following in deciding whether to wear a seat belt?

	Very Importnat	Somewhat Important	Not Important
a. What your parents want you to do	—	—	—
b. Whether it's a law that you must	—	—	—
c. Whether your friends wear one	—	—	—
d. How far you are going to travel	—	—	—
e. That it helps protect you in a crash	—	—	—
f. Whether the driver is wearing one	—	—	—

Table 2-1

24. During the past MONTH, about how many times did you ride with a driver who had used drugs or had been drinking before driving?
__0 times
__1-3 times
__4-6 times
__7-10 times
__11-20 times
__More than 20 times

Table 2-1

25. When you ride on a motorcycle or minibike, about how often do you wear a motorcycle helmet?
__Never
__Rarely
__Sometimes
__Usually
__Always
__I don't ride on a motorcycle or minibike.

Table 2-7

26. About how often do you do warm-ups (such as stretching) before playing sports or exercising outside of school?
__Never
__Rarely
__Sometimes
__Usually
__Always
__I don't play sports or exercise outside of school

Table 2-63

27. Since the beginning of the 7th grade, have you received instruction in school on how to prevent accidents and injuries?
__Yes
__No
__Don't remember

Suicide (Form 1)

Table 2-9

28. How hard is it for you to deal with stressful situations at home and at school?
__Very hard
__Hard
__Not sure
__Easy
__Very easy

Table 2-9

29. During the past MONTH, how often have you felt sad and hopeless?
__Never
__Rarely
__Sometimes
__Often

Table 2-9

30. During the past MONTH, how often have you felt that you have nothing to look forward to?
__Never
__Rarely
__Sometimes
__Often

Table 2-9

31. Have you ever seriously thought about trying to hurt yourself in a way that might result in your death?
__Yes
__No

Table 2-9

32. Have you ever actually tried to hurt yourself in a way that might have resulted in your death?
__Yes
__No

Table 2-9

33. Has anyone you know ever tried to commit suicide?
__Yes
__No

Table 2-11

34. Is a suicide prevention hotline available to you?
__Yes
__No
__Don't know

Table 2-11

35. Could you locate a community agency that helps people who are thinking about committing suicide?
__Yes
__No
__Don't know

Table 2-10

36. People who talk about committing suicide won't actually do it.
__True
__False
__Don't know

Table 2-10

37 Many teenagers who are thinking about committing suicide:

	True	False	Don't know
a. avoid family, friends, and normal social activities	—	—	—
b. act in ways that are violent, reckless, or rebellious	—	—	—
c. eat more than usual	—	—	—
d. show less interest in enjoyable activities	—	—	—
e. act silly and giggle at the wrong moment	—	—	—
f. seem to have no hope that their life will get better	—	—	—
g. change the way they look (for example, wear different clothing or a new hairstyle)	—	—	—
h. say things such as "You won't have to worry about me much longer"	—	—	—
i. give away things they care about (such as favorite record albums	—	—	—
j. act differently than usual (for example, becoming unusually quiet or outgoing)	—	—	—

Table 2-12

38. Suppose a friend were feeling sad and hopeless and had talked about committing suicide. How hard would it be for you to:

	Very Hard	Hard	Not Sure	Easy	Very Easy
a. tell an adult even if you promised your friend that you wouldn't?	—	—	—	—	—
b. talk with your friend about it?	—	—	—	—	—
c. tell your friend to get help from an adult?	—	—	—	—	—
d. tell your friend to call a suicide prevention hotline?	—	—	—	—	—
e. tell your friend that you and other people care?	—	—	—	—	—
f. get help for your friend even if your friend doesn't want it?	—	—	—	—	—
g. tell a member of your friend's family?	—	—	—	—	—
h. tell the school counselor or a teacher?	—	—	—	—	—

Table 2-63

39. Since the beginning of the 7th grade, have you received instruction in school on suicide prevention?

__Yes
__No
__Don't remember

Table 2-61

40. Read the following label for an over-the-counter medicine. Then rate each action listed below as safe or unsafe.

> BREATHE-FREE TABLETS
>
> Dosage Adults — 2 tablets every 4 hours. Not to exceed 8 tablets in a day. Children (6-12 years) - 1 tablet every 4 hours. Not to exceed 4 tablets in a day. Not to be used by children under 6.
>
> Indications: Relieves nasal congestion; runny nose; sneezing; itchy, watery eyes; aches and pains caused by a cold, sinus, or allergy problem.
>
> Warnings: May cause excitability, especially in children. May cause drowsiness. Avoid drinking alcoholic beverages, driving a motor vehicle, or operating heavy machinery while taking this medication. Persons with asthma, high blood pressure, diabetes, heart disease, or high fever should not use this product except under a physician's supervision. Do not use for more than 10 days unless directed by a physician.

	Safe	Unsafe	Don't Know
a. Taking this medicine for 1 week without going to a physician.	—	—	—
b. Taking this medicine if you have a high fever without going to a physician.	—	—	—
c. Taking this medicine if you have a cold.	—	—	—
d. A 10-year-old child taking 2 tablets every 4 hours.	—	—	—
e. A 10-year-old child taking 4 tablets in one day.	—	—	—
f. A 5-year-old child taking 1 tablet every 4 hours.	—	—	—

Breakfast Crisps

Serving size 1 cup (1 ounce)
Servings per box: 20
Nutrient information

	1 ounce cereal	1 ounce cereal with 1/2 cup low-fat milk
Calories	155	225
Protein (grams)	4	9
Carbohydrate (grams)	26	33
Fat (grams)	4	9
Sodium (milligrams)	250	320

Ingredients: corn, honey, almonds, malt flavoring, corn syrup, salt.

Toasty Squares

Serving size 1 cup (1 ounce)
Servings per box: 18
Nutrient information

	1 ounce cereal	1 ounce cereal with 1/2 cup low-fat milk
Calories	175	245
Protein (grams)	7	12
Carbohydrate (grams)	40	47
Fat (grams)	5	7
Sodium (milligrams)	2	72

Ingredients: whole wheat, almonds

Table 2-60

41. If you ate 1 cup of Breakfast Crisps with 1/2 cup of low-fat milk, how many calories would you have eaten?

__ 155 calories
__ 225 calories
__ 245 calories
__ Can't tell from label
__ Don't know

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Table 2-60

42. Which of the following ingredients in Breakfast Crisps is present in the largest amount?
   __ Honey
   __ Almonds
   __ Corn
   __ Can't tell from label
   __ Don't know

Table 2-60

43. Which cereal should you choose if you were trying to cut down on the amount of sugar you eat?
   __ Breakfast Crisps
   __ Toasty Squares
   __ Can't tell from label
   __ Don't know

Table 2-60

44. Which cereal should you choose if you were trying to cut down on the amount of sodium you eat?
   __ Breakfast Crisps
   __ Toasty Squares
   __ Can't tell from label
   __ Don't know

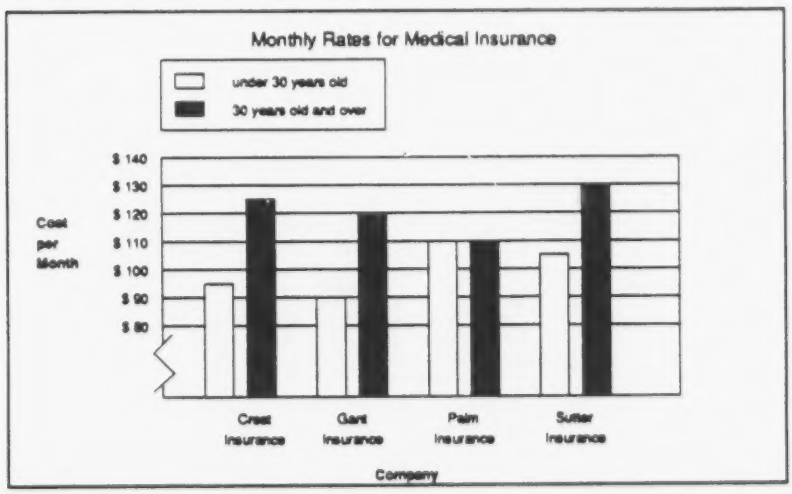

Table 2-62

45. Gail, age 19, has decided on the type of medical insurance she needs. Each of the companies shown above meet her needs. Gail wants to get the best price she can on her insurance. Which company should she choose?
   __ Crest Insurance
   __ Gant Insurance
   __ Palm Insurance
   __ Sutter Insurance
   __ Don't know

Table 2-62

46. Len is insured by Sutter Insurance Company. He just turned 30 years old. How much <u>more each month</u> will he have to pay for the same insurance?
   __ $25 more each month
   __ $30 more each month
   __ $100 more each month
   __ $130 more each month
   __ Don't know

Table 2-59

47 What kind of physician is specially trained to take care of skin problems?

__ Neurologist
__ Dermatologist
__ Periodontist
__ Don't know

Table 2-59

48. September 7 is stamped on a carton of cottage cheese. What does this date mean?

__ The cottage cheese was packed on that date.
__ The cottage cheese should not be eaten after that date.
__ The cottage cheese should not be sold after that date.
__ Don't know

Table 2-59

49. Which one of the following sales techniques should you be most careful of when selecting a health product?

__ Advertising one product at a very low price, then trying to get customers to buy a higher-priced product
__ Advertising discount coupons than can be used toward the purchase of a product
__ Advertising a free gift with the purchase of a product
__ Advertising a money-back guarantee if customers are not completely satisfied with a product
__ Don't know

Table 2-63

50. Since the beginning of the 7th grade, have you received instruction in school on selecting health products and services?

__ Yes
__ No
__ Don't remember

Violence (Form 2)

Table 2-26

12. During the past YEAR, how many times were you in a physical fight? (A physical fight is when two people hit each other or attack each other with weapons, not when they yell or shout.)

__ 0 times
__ 1 time
__ 2 times
__ 3-5 times
__ 6-9 times
__ 10 or more times

Table 2-29

13. Think back over the last 12 MONTHS. While at school, how often did you carry:

	Never	Less Than Once a Month	A Few Times a Month	A Few Times a Week	Nearly Every Day
a. a knife?	—	—	—	—	—
b. a handgun?	—	—	—	—	—
c. another weapon?	—	—	—	—	—

Table 2-29

14. Could you get a handgun if you wanted to?

__ Yes
__ No
__ Don't know

Table 2-30

15 Suppose someone were trying to start a fight with you. How important would each of the following be in deciding whether you would fight?

	Very Important	Somewhat Important	Not Important
a. What your friends would think	—	—	—
b. Whether you would get hurt	—	—	—
c. Whether you would get into trouble at school	—	—	—
d. What your parents would think	—	—	—

Table 2-31

16. If you were in a fight, could you

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
a. be injured badly enough to need care from a doctor, nurse, or paramedic?	—	—	—	—	—
b. get suspended from school?	—	—	—	—	—
c. be sent to juvenile court?	—	—	—	—	—
d. get killed?	—	—	—	—	—
e. lose a friendship?	—	—	—	—	—
f. miss school or work because of injuries?	—	—	—	—	—

Table 2-33

17. Are the following effective ways to avoid fighting?

	Yes	No	Don't Know
a. Not passing on information that could cause a fight	—	—	—
b. Threatening to use a weapon	—	—	—
c. Avoiding or walking away from someone who wants to fight you	—	—	—
d. Ignoring or pretending not to hear an insult	—	—	—
e. Dealing with the problem by talking	—	—	—
f. Acting "tough" so people won't want to fight you	—	—	—
g. Pretending to agree with someone when you really don't	—	—	—
h. Carrying a weapon	—	—	—
i. Apologizing (saying you're sorry)	—	—	—
j. Joining a gang for protection	—	—	—
k. Threatening to call the police	—	—	—

Table 2-32

18. Do you think you should fight if someone:

	Yes	No	Not Sure
a. wants to fight you?	—	—	—
b. insults you in front of your friends?	—	—	—
c. hits you?	—	—	—
d. insults someone in your family?	—	—	—
e. calls you a name?	—	—	—
f. cuts in front of you in line?	—	—	—
g. steals something from you?	—	—	—
h. flirts with someone you like?	—	—	—
i. breaks something of yours on purpose?	—	—	—
j. hurts someone you care about?	—	—	—

Table 2-26

19. Think back over the last 12 MONTHS. While at school or on a school bus, how many times did someone:

	0 Times	1 Time	2 Times	3 or More Times
a. take something from you by using force or by threatening to hurt you?	—	—	—	—
b. threaten to hurt you but not actually hurt you?	—	—	—	—
c. attack you?	—	—	—	—
d. try to force you to have sex when you did not want to?	—	—	—	—

Table 2-27

20. Think back over the last 12 MONTHS. While outside of school, how many times did someone:

	0 Times	1 Time	2 Times	3 or More Times
a. take something from you by using force or by threatening to hurt you?	—	—	—	—
b. threaten to hurt you but not actually hurt you?	—	—	—	—
c. attack you?	—	—	—	—
d. try to force you to have sex when you did not want to?	—	—	—	—

Table 2-34

21. The following sentences are about murder (the killing of one person by another on purpose). Mark whether each is true or false.

	True	False	Don't Know
a. Most murders are committed by strangers	—	—	—
b. Illegal drugs are involved in nearly half of all murders	—	—	—
c. Most murders occur between people of the same race	—	—	—
d. About half of all murders involve the use of alcohol	—	—	—
e. Handguns are the most commonly used weapon in murder	—	—	—

Table 2-28

22. During the past YEAR, how many times did you:

	0 Times	1-2 Times	3-5 Times	6-9 Times	10 or More Times
a. go places that are known to be dangerous?	—	—	—	—	—
b. talk to strangers who tried to keep you from going on your way?	—	—	—	—	—
c. let people see how much money you were carrying?	—	—	—	—	—
d. go on a blind date with someone you hardly knew?	—	—	—	—	—
e. go out alone to sell items door-to-door?	—	—	—	—	—
f. hitchhike (take a car ride from a stranger)?	—	—	—	—	—
g. walk alone through unsafe neighborhoods?	—	—	—	—	—
h. ride on empty buses or train cars?	—	—	—	—	—
i. walk outside alone late at night?	—	—	—	—	—

Table 2-63

23. Since the beginning of the 7th grade, have you received instruction in school on ways to avoid fighting and violence?

__ Yes
__ No
__ Don't remember

Table 2-35

24. Think back over the LAST TWO WEEKS. How many times (if any) have you had five or more drinks on one occasion? (A "drink" is a glass of wine, a wine cooler, a bottle of beer, a shot glass of liquor, or a mixed drink.)

__ None
__ Once
__ Twice
__ Three to five times
__ Six to nine times
__ Ten or more times

Table 2-42

25. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)...

	Occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-41

26. On how many occasions (if any) have you used amyl or butyl nitrites (poppers, snappers, Locker Room, Vaporole, Rush, Kick,Bullet)...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-40

27. On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-46

28. On how many occasions (if any) have you used LSD ("acid"), PCP (angel dust), or other psychedelics (like mescaline, peyote, and psilocybin)...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-37

29. Some types of diet pills (also called appetite suppressants) can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These "over-the-counter" drugs include Dexatrim®, Dietac®, Prolamine®, and others. On how many occasions (if any) have you taken such non-prescription diet pills...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-38

30. Some stay-awake pills can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These non-prescription or "over-the-counter" drugs include No-Doz®, Vivarin®, Wake®, Caffedrine®, and others. On how many occasions (if any) have you taken such non-prescription stay-awake pills...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-39

31. In addition to non-prescription diet and stay-awake pills, there are other stimulants and pep pills which can be sold legally in most states without a prescription — usually by mail. These are sometimes called "fake pep pills," "imitation speed," or "look-alikes," because they look like prescription amphetamines and sometimes have similar names. Other than the diet pills and stay-awake pills you have already told us about, on how many occasions (if any) have you taken other non-prescription stimulants or pep pills...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-45

32. Amphetamines can be prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drugstores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over-the-counter diet pills (like Dexatrim®) or stay-awake pills (like No-Doz®), or any mail-order drugs. On how many occasions (if any) have you taken amphetamines on your own — that is, without a doctor telling you to take them..

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-44

33. Have you ever used cocaine (coke) in any form, such as "crack," powder, freebase, or coca paste?
__ Yes
__ No →If you marked here, do not answer #34 through #37. Go to #38.

Table 2-43

34. On how many occasions (if any) have you used cocaine in any form...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-44

35. What methods have you used for taking cocaine?
__ Sniffing or "snorting"
__ Smoking
__ Injection
__ Inhaling fumes
__ By mouth
__ Other

Table 2-44

36. Have you ever taken cocaine in "crack" form or in any other freebase form — that is, where you inhaled the fumes from smoking, heating, or burning it?
__ Yes
__ No →If you marked here, do not answer #37. Go to #38.

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Table 2-44

37 On how many occasions (if any) have you taken "crack" (cocaine in chunk or rock form)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. in your lifetime?	—	—	—	—	—	—	—
b. during the last 12 months?	—	—	—	—	—	—	—
c. during the last 30 days?	—	—	—	—	—	—	—

Table 2-39

38 If you used alcohol or drugs during the past MONTH, on how many occasions (if any) did you use a combination of alcohol and drugs?

— 0 occasions
— 1-2 occasions
— 3-5 occasions
— 6-9 occasions
— 10-19 occasions
— 20-39 occasions
— 40 or more occasions

Table 2-48

39 When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to.

	Never	Grade 4 or Earlier	Grade 5 or 6	Grade 7 or 8	Grade 9 Freshman	Grade 10 (Soph)
a. Smoke your first cigarette	—	—	—	—	—	—
b. Smoke cigarettes on a daily basis	—	—	—	—	—	—
c. Try marijuana (grass, pot) or hashish	—	—	—	—	—	—
d. Try LSD, PCP, or other psychedelics (mescaline, peyote)	—	—	—	—	—	—
e. Try amphetamines (uppers, pep pills, bennies, speed)	—	—	—	—	—	—
f. Try "crack" cocaine	—	—	—	—	—	—
g. Try any other form of cocaine	—	—	—	—	—	—
h. Try amyl or butyl nitrites (poppers, snappers)	—	—	—	—	—	—
i. Try other inhalants (glue, gases, sprays)	—	—	—	—	—	—
j. Try an alcoholic beverage — more than just a few sips)	—	—	—	—	—	—
k. Try diet pills (non-prescription)	—	—	—	—	—	—
l. Try stay-awake pills (non-prescription)	—	—	—	—	—	—
m. Try "look-alike" pep pills (non-prescription)	—	—	—	—	—	—

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Table 2-50

40 How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

	Probably Impossible	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy
a. Marijuana (grass, pot)	—	—	—	—	—
b. LSD, PCP, or other psychedelics (mescaline, peyote)	—	—	—	—	—
c. Amphetamines (uppers, pep pills, bennies, speed)	—	—	—	—	—
d. Crack cocaine	—	—	—	—	—
e. Any other form of cocaine	—	—	—	—	—
f. Alcohol (beer, wine, liquor)	—	—	—	—	—
g. Cigarettes	—	—	—	—	—

Table 2-49

41. How many of your friends would you estimate...

	None	A Few	Some	Most	All
a. Smoke cigarettes?	—	—	—	—	—
b. Smoke marijuana (grass, pot) or hashish?	—	—	—	—	—
c. Take LSD, PCP, or other psychedelics (mescaline, peyote)	—	—	—	—	—
d. Take amphetamines (uppers, pep pills, bennies, speed)?	—	—	—	—	—
e. Take "crack" cocaine?	—	—	—	—	—
f. Take any other form of cocaine?	—	—	—	—	—
g. Take amyl or butyl nitrites (poppers, snappers)?	—	—	—	—	—
h. Use other inhalants (glue, gases, sprays)?	—	—	—	—	—
i. Drink alcoholic beverages (beer, wine, liquor)?	—	—	—	—	—
j. Get drunk at least once a week?	—	—	—	—	—
k. Take diet pills (non-prescription)?	—	—	—	—	—
l. Take stay-awake pills (non-prescription)?	—	—	—	—	—
m. Take "look-alike" pep pills (non-prescription)?	—	—	—	—	—

Table 2-52

42. How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things?

	Not Disapprove	Disapprove	Strongly Disapprove
a. Smoking one or more packs of cigarettes every day	—	—	—
b. Trying marijuana (grass, pot) once or twice	—	—	—
c. Smoking marijuana occasionally	—	—	—
d. Smoking marijuana regularly	—	—	—
e. Trying LSD, PCP, or other psychedelics (mescaline, peyote) once or twice	—	—	—
f. Trying amphetamines (uppers, pep pills, bennies, speed) once or twice	—	—	—
g. Trying cocaine once or twice	—	—	—
h. Using cocaine occasionally	—	—	—
i. Using cocaine regularly	—	—	—
j. Trying alcoholic beverages once or twice	—	—	—
k. Drinking alcoholic beverages occasionally	—	—	—
l. Drinking alcoholic beverages regularly	—	—	—

Table 2-51

43. How much do you think people risk harming themselves (physically or in other ways), if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Can't Say Drug Unfamiliar
a. Smoke one or more packs of cigarettes every day?	—	—	—	—	—
b. Try marijuana (pot, grass) once or twice?	—	—	—	—	—
c. Smoke marijuana occasionally?	—	—	—	—	—
d. Smoke marijuana regularly?	—	—	—	—	—
e. Try cocaine in powdered form once or twice	—	—	—	—	—
f. Use cocaine powder occasionally?	—	—	—	—	—
g. Use cocaine powder regularly?	—	—	—	—	—
h. Try "crack" cocaine once or twice?	—	—	—	—	—
i. Try "crack" cocaine occasionally?	—	—	—	—	—
j. Try "crack" cocaine regularly?	—	—	—	—	—
k. Try alcoholic beverages once or twice	—	—	—	—	—
l. Drink alcoholic beverages occasionally?	—	—	—	—	—
m Have five or more drinks once or twice each weekend?	—	—	—	—	—
n. Try inhalants (glue, gases, sprays) once or twice?	—	—	—	—	—
o. Use inhalants occasionally?	—	—	—	—	—
p. Use inhalants regularly	—	—	—	—	—

Table 2-63

44. Since the beginning of the 7th grade, have you received instruction in school on the effects of drugs and alcohol?

__ Yes
__ No
__ Don't remember

AIDS (Form 3)

Table 2-13

12. Will the following behaviors make it MORE likely for a person to become infected with the AIDS virus?

	Yes	No	Don't Know
a. Being in the same classroom with someone who has the AIDS virus	—	—	—
b. Shaking hands with someone who has the AIDS virus	—	—	—
c. Hugging someone who has the AIDS virus	—	—	—
d. Having sexual intercourse (sex) with someone who has the AIDS virus	—	—	—
e. Having more than one sex partner	—	—	—
f. Having sex with someone who has had several sex partners	—	—	—
g. A male having sex with another male	—	—	—
h. A female having sex with another female	—	—	—
i. Sharing drug needles	—	—	—
j. Donating blood	—	—	—

Table 2-15

13. Will the following behaviors make it LESS likely for a person to become infected with the AIDS virus?

	Yes	No	Don't Know
a. Eating a healthy diet and staying physical fit	—	—	—
b. Not having sex	—	—	—
c. Going to the bathroom after having sex	—	—	—
d. Using condoms (rubbers) during sex	—	—	—
e. Washing after having sex	—	—	—
f. Making sure that a sex partner looks healthy	—	—	—
g. Not taking illegal drugs with a needle	—	—	—

14. Mark whether you think each sentence is true or false.

	True	False	Don't Know
Table 2-14 - a. People who have the AIDS virus cannot spread AIDS unless they are sick with AIDS themselves	—	—	—
Table 2-16 - b. There is no known cure for AIDS	—	—	—
Table 2-16 - c. Most people who are sick with AIDS eventually die as a result of it	—	—	—
Table 2-16 - d. A test to determine whether a person has the AIDS virus is now available	—	—	—
Table 2-14 - e. Blood transfusions are a common way for people to get AIDS today	—	—	—
Table 2-14 - f. A vaccine that protects people from getting the AIDS virus is now available	—	—	—
Table 2-14 - g. A pregnant woman who has the AIDS virus can give AIDS to her baby	—	—	—

15. I believe that:

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
Table 2-18 - a. it is OK for people my age to say "no" to having sex	—	—	—	—	—
Table 2-19 - b. it is OK for people my age to use some illegal drugs	—	—	—	—	—
Table 2-18 - c. people my age should use condoms (rubbers) if they have sex	—	—	—	—	—
Table 2-18 - d. it is OK for people my age to have sex with someone they have dated for a long time	—	—	—	—	—
Table 2-18 - e. it is OK for people my age to have sex with several different people	—	—	—	—	—
Table 2-18 - f. people my age should not have sex	—	—	—	—	—

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16 My friends believe that:

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
Table 2-18 - a. it is OK for people my age to say "no" to having sex	—	—	—	—	—
Table 2-19 - b. it is OK for people my age to use some illegal drugs	—	—	—	—	—
Table 2-18 - c. people my age should use condoms (rubbers) if they have sex	—	—	—	—	—
Table 2-18 - d. it is OK for people my age to have sex with someone they have dated for a long time	—	—	—	—	—
Table 2-18 - e. it is OK for people my age to have sex with several different people	—	—	—	—	—
Table 2-18 - f. people my age should not have sex	—	—	—	—	—

Table 2-17
17. I would worry about getting AIDS if:

	Definitely Yes	Probably Yes	Not Sure	Probably No	Definitely No
a. I had sex with someone I had dated for a long time	—	—	—	—	—
b. I took illegal drugs with a needle	—	—	—	—	—
c. I had sex with several different people	—	—	—	—	—
d. someone in my classroon had AIDS	—	—	—	—	—
e. I donated blood	—	—	—	—	—
f. I received a blood transfusion	—	—	—	—	—

Table 2-16
18. Do you know that a national toll free hotline is available to answer questions about AIDS?
__ Yes
__ No

Table 2-63
19. Since the beginning of the 7th grade, have you received instruction in school on AIDS?
__ Yes
__ No
__ Don't remember

STD (Form 3)

Table 2-20
20. How do most people get STD? (mark one)
__ From objects like toilet seats
__ By kissing on the mouth
__ By having sex
__ Don't know

Table 2-20

21. Some methods of avoiding STD are more effective than others. For each method listed below, mark how effective you think it is.

	Very Effective	Somewhat Effective	Slightly Effective	Not Effective	Don't Know
a. Not having sex	—	—	—	—	—
b. Going to the bathroom after having sex	—	—	—	—	—
c. Taking birth control pills	—	—	—	—	—
d. Washing after having sex	—	—	—	—	—
e. Having sex with only one partner in a long-term relationship	—	—	—	—	—
f. Using condoms (rubbers)	—	—	—	—	—

Table 2-21

22. Which of the following are common early signs of STD?

	Is a Sign	Is Not a Sign	Don't Know
a. Fainting and dizziness	—	—	—
b. Lower abdominal (below the stomach) pain in females	—	—	—
c. Nausea and throwing-up	—	—	—
d. Discharge of pus from the sex organs	—	—	—
e. A bad cough	—	—	—
f. A headache	—	—	—
g. A sore on the sex organs	—	—	—
h. Pain when going to the bathroom	—	—	—

Table 2-22

23. If someone had signs of STD, would the following actions be helpful or have no effect?

	Helpful	Harmful	No Effect	Don't Know
a. Eat special foods	—	—	—	—
b. Wait to see if the signs go away on their own	—	—	—	—
c. Take medicine left over from a similar problem	—	—	—	—
d. Get tested for STD at a doctor's office or clinic	—	—	—	—
e. Not have sex	—	—	—	—
f. Tell the sex partner about a possible STD infection	—	—	—	—
g. Take medicine only until the signs go away	—	—	—	—

Table 2-24

24. Mark whether you think each sentence is true or false.

	True	False	Don't Know
a. Most public libraries have information on STD.	—	—	—
b. If a person under 18 years of age has STD, the Public Health Department must tell the person's parents about it.	—	—	—
c. Most clinics must have the permission of parents to treat people under 18 years of age for STD.	—	—	—
d. A telephone call to the VD National Hotline from a home phone shows up on the telephone bill.	—	—	—

25. Suppose you thought you might have STD. Would you agree or disagree with each of the following?

	Agree	Disagree	Not Sure
Table 2-25 - a. I would talk to a priest, minister, rabbi, or other clergy member	—	—	—
Table 2-23 - b. It would be hard for me to find transportation to a clinic or doctor for treatment	—	—	—
Table 2-23 - c. I would want to keep my friends from finding out	—	—	—
Table 2-23 - d. It would be hard for me to pay for treatment	—	—	—
Table 2-23 - e. I would want to keep my parents from finding out	—	—	—
Table 2-25 - f. I have a friend I could talk to about my having STD	—	—	—
Table 2-25 - g. It would be hard for me to tell my sex partner	—	—	—
Table 2-23 - h. I would be embarrassed to ask a doctor what is wrong with me	—	—	—
Table 2-23 - i. I wouldn't know where to go for medical care	—	—	—
Table 2-25 - j. I know an adult I could talk to about my having STD	—	—	—

Table 2-63

26. Since the beginning of the 7th grade, have you received instruction in school on STD?
__ Yes
__ No
__ Don't remember

Nutrition (Form 3)

Table 2-57

27. YESTERDAY, which of the following did you have <u>for a snack</u> between meals? (mark all that apply)
__ I did not have a snack yesterday.
__ chips/pretzels
__ nuts
__ fruits or vegetables
__ juice
__ milk
__ soda (not diet)
__ soda (diet)
__ candy
__ ice cream
__ doughnuts/cookies/cake
__ yogurt
__ cheese
__ other

Table 2-55

28. If a person is trying to lose weight, how many pounds should that person try to lose in one WEEK?
__ 1-2 pounds
__ 3-5 pounds
__ 6-8 pounds
__ Don't know

Table 2-54

29. During the past YEAR, how many times have you changed your eating habits or gone on a diet for more than one week to control your weight?
__ 0 times →If you marked here, do not answer #30. Go to #31.
__ 1 time
__ 2 times
__ 3 times
__ 4 or more times

Table 2-54

30. When you try to control your weight, how often do you use each method listed below? Mark one answer for each method.

	None of the time	Some of the time	Most of the time
a. Eating low calorie or diet foods/sodas	—	—	—
b. Using diet pills or diet candies	—	—	—
c. Exercising more	—	—	—
d. Skipping a meal	—	—	—
e. Taking laxatives	—	—	—
f. Eating only fruits	—	—	—
g. Eating only high protein foods, such as eggs or cheese	—	—	—
h. Eating only salads	—	—	—
i. Avoiding sweets	—	—	—
j. Drinking only liquids	—	—	—
k. Throwing up after eating	—	—	—
l. Eating a little less food	—	—	—
m. Hardly eating at all or fasting	—	—	—

Table 2-56

31. Which one of the following best describes how you salt your food?
- __ I salt my food before tasting it.
- __ I taste my food to decide if it needs salt.
- __ I almost never add salt to my food.

Table 2-56

32. How much salt do you usually add to your food?
- __ A lot of salt
- __ A little salt
- __ No salt.

Table 2-56

33. When you have bread or toast, how do you usually eat it?
- __ With margarine
- __ With butter
- __ Without margarine or butter
- __ I don't eat bread or toast.

Table 2-56

34. When you eat meat (such as steak), what do you usually do?
- __ Cut off most of the fat
- __ Cut off some of the fat
- __ Eat the fat with the meat
- __ I don't eat meat.

Table 2-56

35. When you eat chicken, what do you usually do?
- __ Remove all of the skin before eating the chicken
- __ Eat some of the skin with the chicken
- __ Eat all of the skin with the chicken
- __ I don't eat chicken.

Table 2-56

36. During the past WEEK, how many times did you eat food from a fast food restaurant?
- __ 0 times
- __ 1 time
- __ 2 times
- __ 3 times
- __ 4 times
- __ 5 or more times

Table 2-53
37 Which one of the following cooking practices increases the amount of fat in foods?
__ Baking foods
__ Broiling foods
__ Frying foods
__ Don't know

Table 2-53
38. Does boiling vegetables reduce the amount of vitamins in them?
__ Yes
__ No
__ Don't know

Table 2-53
39. Eating foods that are high in saturated fat may cause which one of the following health problems?
__ Cavities
__ Stomach cancer
__ Heart problems
__ Don't know

Table 2-53
40. Eating too little fiber may cause which one of the following health problems?
__ Colon cancer
__ High blood pressure
__ Heart Problems
__ Don't know

Table 2-53
41. Eating sugar may cause which one of the following health problems?
__ Heart problems
__ Low blood pressure
__ Gum disease
__ Don't know

Table 2-53
42. Eating too much salt may cause which one of the following health problems?

__ Liver cancer
__ High blood pressure
__ Gum disease
__ Don't know

Table 2-53
43. Compared to a hot dog, a peanut butter and jelly sandwich has
__ less salt
__ more salt
__ About the same amount of salt
__ Don't know

Table 2-53
44. Compared to frozen vegetables, canned vegetables have
__ less salt
__ more salt
__ About the same amount of salt
__ Don't know

Table 2-53
45. Compared to a turkey sandwich, a ham sandwich has
__ Less fat
__ More fat
__ About the same amount of fat
__ Don't know

Table 2-53

46. Compared to ice cream, frozen yogurt has
__ Less fat
__ More fat
__ About the same amount of fat
__ Don't know

Table 2-53

47. Compared to bran cereal, corn flakes have
__ Less fiber
__ More fiber
__ About the same amount of fiber
__ Don't know

Table 2-53

48. Compared to a baked potato, baked beans have
__ Less fiber
__ More fiber
__ About the same amount of fiber
__ Don't know

Table 2-58

49. During the past WEEK, how many days did you eat breakfast?
__ 0 days →If you marked here, do not answer #50. Go to #51.
__ 1-2 days
__ 3-4 days
__ 5-6 days
__ Every day

Table 2-58

50. During the past WEEK, where did you usually eat breakfast on school days? (mark one)
__ At home
__ At school
__ Other
__ I didn't eat breakfast on school days.

Table 2-58

51. During the past WEEK, how many days did you eat lunch?
__ 0 days →If you marked here, do not answer #52. Go to #53.
__ 1-2 days
__ 3-4 days
__ 5-6 days
__ every day

Table 2-58

52. During the past WEEK, where did you usually get your lunch on school days? (mark one)
__ Brought lunch from home
__ School cafeteria
__ Other
__ I didn't eat lunch on school days.

Table 2-58

53. During the past WEEK, how many days did you eat dinner?
__ 0 days
__ 1-2 days
__ 3-4 days
__ 5-6 days
__ every day

Table 2-63

54. Since the beginning of the 7th grade, have you received instruction in school on nutrition and choosing healthy foods?
__ Yes __ No __ Don't remember

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